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Journal South Carolina Medical Association

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ANNUAL SUBSCRIPTION, $2.00. EDGAR A. HINES, M. D., Editor, Seneca, S. C.

The Journal is published monthly under the auspices of the South Carolina Medical Association. Original articles are solicited. Members who do not receive their copies will please notify the Editor. Correspondents and Secretaries of County Societies are urgently requested to send reports of their meetings and items of news that may be of interest to the profession to the Editor. All articles should be typewritten. Illustrations sent with articles will be printed. For prices of reprints see advertising pages.

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Editorials.

A Change of Editors.

The resignation of Dr. Sosnowski as editor of The Journal will doubtless be regretted by many of the members of the association who have enjoyed his editorials and admired his efforts to give us a first-class periodical, representative of the dignity and attainments of the profession in this State. His successor feels that this new honor comes somewhat in the guise of a promotion, for he was editor of the Department of Materia Medica and Therapeutics for the entire three years that department was maintained. At any rate, he does not approach this new phase of The Journal work with the "fear and trembling" a formal introduction might excite, but leaves the burden of that affliction upon the readers.

The Journal has had almost as many editors as it has had years of existence—five in less than seven years. The council has in the past been peculiarly fortunate in securing men of marked ability in their profession to assume this duty. These men for much of the time have generously donated their services to the association—this fact being perhaps not generally known. Clearly there have been good reasons for this frequent change of editors. It is probable that the time required in looking after the details of financing and printing The Journal grows irksome to the very busy doctor who has had no training for, and who does not expect to pursue this line of endeavor particularly.

In view of the foregoing the council at a called meeting held in Columbia, November 2d, accepted Dr. Sosnowski's resignation and elected the secretary of the association to be editor of The Journal January 1, 1912. This plan has been adopted by many successful associations throughout the country. It is hoped this arrangement will be advantageous from at least a practical point of view.

It is, therefore, as a result of this idea that The Journal is somewhat changed in appearance, a matter of economy, and not from a desire to do something radical, because of a change of editors.

In the judgment of the writer, the organ

of the association should be primarily the servant of the organization, and yet broad enough to scan and present before its readers the gist of progress throughout the world. Its columns will be open in the future as in the past to the various activities of the association, which includes the Executive Committee of the State Board of Health, the State Board of Medical Examiners and numerous committees charged with the interest of the association. EDGAR A. HINES.

THE STATE ASSOCIATION.

The annual meeting of the South Carolina Medical Association in Columbia, April 16th, 17th and 18th, should be a record breaker for attendance. The favorable geographical location of the capital city, the improved railroad facilities, the general hospitality and attractiveness of the city, together with the cordial welcome we are assured awaits us from our professional brethren, warrants us in the above prophecy.

We believe the obstacles many physicians permit to prevent their enjoying a visit to the annual meetings are more fancied than real. We say this because most of the world's greatest and busiest doctors are *constant attendants.*

In the light of all these facts, doctor, we hope you are thinking seriously about reading a paper and that when the call for titles is made you will respond promptly, so that the preliminary program may appear in the March issue of THE JOURNAL.

THE COUNTY MEDICAL SOCIETY.

We wish to commend the example set by Union and Oconee counties in adopting a systematic course of study. Oconee has adopted the postgraduate study course, as outlined by the American Medical Association. There are several men in the society who have been connected at different times with some of the leading teaching hospitals of the country. They are, therefore, qualified. Such men may now be found in many other counties. The plan has passed the experimental stage and the desultory, haphazard, spur-of-the-moment, methods take up valuable time, often leads to poor results, perhaps discouragement and death of the society. Why wait? There is increasing evidence that our societies generally are awakening. Williamsburg and Fairfield have been recently reorganized. Greenville is enthusiastic and alive.

The year 1912 should witness the complete organization of every part of the State, either by mergers of weak counties or otherwise. Seven years is long enough to work out our salvation.

PNEUMONIA NUMBER.

At this time there are few physicians who do not have one or more cases of pneumonia on their visiting lists. The surgeon even finds it imperative to occasionally reckon with this disease. The symposium method of presenting accumulated knowledge has found favor with many. If this proves true in this instance write us and we may repeat the idea in some future issue. There is no better way to impress on our minds the progress we are making than to take down from the book shelves the writings of the old masters in medicine and read them frequently.

Cullen, professor of physic in the University of Edinburg, sent forth his book on practice November, 1783. He says: Pneumonic inflammation may happen to persons of any age, but rarely to those under the age of puberty. It is interesting to note further: The pneumonic inflammation has been sometimes so much an epidemic as to occasion a suspicion of its depending upon a specific contagion; but I have not met with any evidence in proof of this. Bleeding was his sheet

anchor in treatment. Later Laënnec, in 1816, introduced auscultation. He says, in referring to the moist crepitating râle: This râle, which is one of the most important, is readily recognized; any one who has once heard it can scarcely fail to know it again; it is a sign pathognomic of pneumonia in its first stage.

Skoda, in his revised book, March, 1850, on this subject, says: For myself, I consider Laënnec's crepitation, viz., the fine, equal-bubble râle, denotes the presence of fluid in the finer bronchial tubes and in the air cells, and the entrance of air into the latter; but that it does not inform us by what particular disease the fluid is produced, this must be learnt from other phenomena.

It is interesting to compare the closing paragraphs of Dr. Burdell's paper with the observations of Cullen, one hundred and twenty eight years ago.

There is a remarkable paucity of literature and effort to prevent pneumonia. The mortality may not be much lower than in the days of Cullen, Laënnec and Skoda. Why should we not turn our attention earnestly and actively in that direction?

Original Articles.

Pneumonia.*

By W. M. Lester, M. D., Columbia, S. C.

Mr. President and Gentlemen of the Association:

My friend, Dr. Burdell, has very kindly furnished me a copy of the paper he has just read on the treatment of Pneumonia, with the request that I criticise in a paper, the methods advocated. On reading over his paper, however, I find that his treatment of the disease coincides in general outlines so nearly with the methods I have used for the past few years, that there is very little room, from my standpoint, for anything but commendatory comments on his excellent treatment.

In the first place, Pneumonia has been recognized almost as long as disease has been treated, and the drugs that have been used for its cure, with transitory vauntings of their thereapeutic value, are as numerous and unsatisfactory in results, as the many pretentious specifics for nausea and vomiting of pregnancy.

The cold stern fact still remains that a much too large percentage of Pneumonia patients die.

A certain number of cases of Pneumonia are going to die, no matter what kind of treatment they receive; and on the other hand, as we all know, a certain number of cases will get well in *spite* of treatment given.

With an increased knowledge of the pathological conditions present in a case of Lobar Pneumonia (and that is the variety to which I will present my discussion) the tendency of the authorities at present is opposed to much drug treatment. They prefer to surround the patient with the best hygienic conditions, make him as comfortable as possible and give Dr. Nature a chance; at the same time keeping up a ceaseless vigil for untoward symptoms and assisting the above named doctor only when he unmistakably calls for help.

When our patient dies, of course, we comfort ourselves in the belief that he was taken only because it was in accordance with the Divine will; but if he gets well, we should know that his recovery was due rather to the grace of God and good luck, and not on account of any special kind or amount of dope given him by the doctor.

Notwithstanding the great advances made in Medical Science, if we accept statistics taken the world over, we must confess (to our chagrin) that the mor-

*Read before the Annual Meeting of the South Carolina Medical Association, Charleston, S. C., April 19th, 1911.

tality in Pneumonia is very little lower than it was centuries ago.

You may infer, gentlemen, from the foregoing, that I do not claim to be able to *cure* Pneumonia. If so, your inference is eminently correct. There have been times, after a little run of fortunate terminations in Pneumonia, when I have been sufficiently puffed up to think that I knew how to turn the trick. However, "pride goeth before a fall;" and these periods of elation would sooner or later surely be followed by an unhappy experience, which would convince me that there were still some few things about Pneumonia that "I wot not of."

You must not, however, do me the injustice of assuming that I advocate an absolutely do nothing plan of treatment; for I believe there are many measures that we should adopt, and which Dr. Burdell has spoken of in his paper, that will add to our patient's comfort, assist nature in her fight against this malady and that will modify the course of the disease, even though perchance it should not affect the final result.

In my opinion, the two most important measures advocated by Dr. Burdell in the treatment of Pneumonia are aerotherapy and hydrotherapy, and I do not think that too much importance can be attached to the therapeutic power of these two of nature's remedies, fresh air and water, in the treatment of Pneumonia.

Let us look at some of the conditions present which we have to combat. An acutely inflamed and infected lung, with a correspondingly diminished breathing space, and by reason of this poorly aerated blood. It is self-evident that what air the lungs are able to utilized should be of the purest, thereby enabling the heart to send the blood to the various parts of the body in as good condition as possible. As Musser and others have said, "fresh air stimulates the heart and respiration. It supplies oxygen, relieves 'air hunger,' promotes sleep, quiets restlessness and promotes digestion." Personally I prefer to have my patients where the air is gently moving, for then I feel sure that with every inspiration, they take in nothing but fresh, pure air.

The value of hydrotherapy in the treatment of Pneumonia, in my opinion, can be overestimated. By hydrotherapy, I mean the free use of water internally and externally. I have abandoned all external applications except the wet jacket, or in some cases the wet sheet.

I have had no experience with tub baths in Pneumonia, except in a few cases of children where this disease was ushered in by convulsions.

The cold wet jacket, or Baruch jacket, as Dr. Burdell calls it, meets more indications in Pneumonia, than any other one remedial measure with which I am familiar. It deepens inspiration, stimulates the heart's action, promotes diaphoresis and diuresis, thereby eliminating toxins, reduces the temperature, quiets the nervous system, and in my experience generally induces sleep.

A picture we all have seen more than once comes before me. Who of us have not been ushered into the room of a Pneumonia patient and found the poor sufferer tossing restlessly from side to side, burning up with fever and struggling for breath, his pulse rapid and weak, and his skin more or less cyanotic; and had him look appealingly at us, with an expression on his face which indicated that he had a feeling almost of impending death, and say, "Oh! doctor, I feel so bad, can't you do something to help me?" I have seen the application of a cold wet jacket, to such a patient, within a few minutes cause him to become more quiet, his breathing become less labored, his pulse become slower and stronger, his color improve, an expression of comfort take the place of the one of distress, and in a little while he would drop off into sleep; and when next the temperature would be taken, the thermometer would show a reduction in his fever. The scien-

tific explanation of the great value of the cold compress or jacket, can not be better set off than by using Baruch's own words. He says: "When the cold compress is applied there is a rapid contraction of the cutaneous vessels which raises the tension at once, but eventuates in a tonic dilatation of these vessels, which is evidenced by the ruddy hue of the skin. This dilation differs very decidedly from that relaxed condition of the cutaneous vessels which is produced by warm poultices. The latter relaxed condition produces a paretic condition of the vessels, or a stasis, while the cold applications stimulate the vaso dilators, giving rise to an *active* dilatation with maintenance of the tone of the vessels, an active hyperæmia, by reason of which the blood is not by a *vis a tergo,* as is the case after digitalis, but by a diminished *vis a fronte,* formed by broadening of the blood stream, whose enhanced tonicity aids at the same time in propelling the blood forward. Arterial tension is increased, as evidenced by the better filling of the radical arteries. The right heart is indirectly aided by this enhancement of the general tone of the vascular apparatus, and may thus expend more force upon the pulmonary circulation, whose vessels contract more firmly by reason of the dilatation of the superficial vessels."

The employment of the wet jacket is thought by some to hasten the crises, but personally I have some doubts in regard to this. Crises takes place earlier in some cases than in any other way, and as Pneumonia is a self-limited disease, I am not very strong in the belief that we can hasten the crises in this malady, by any form of treatment, any more than we can accelerate the beginning of convalescence in a case of typhoid fever.

The principal objection to the use of aerotherapy and hydrotherapy in the treatment of Pneumonia is the opposition we sometimes encounter from the family and such sick room nuisances as garrulous, meddlesome and ignorant friends. It is true that occasionally we almost have to fight some of the neighbors and friends in order to give the patient the benefit of this method of treatment, but usually by firmness and tact we can carry our point. Assure the parents that the child *can not "catch fresh cold,"* and that it is not slowly "freezing to death," but, on the other hand, that it is perfectly warm and more comfortable than it would be in a close room; that the attendants are the only ones who are freezing. By this means we can usually gain the parents' consent to try it, and after they once see the happy effect produced on the patient, we have no further trouble from that source.

Dr. Burdell speaks of the use of the ice bag to the head and cool sponging to reduce the fever. I agree with him in regard to the value of these two remedies when their use is indicated; but personally I do not regard the fever *per se* very seriously, as Lobar Pneumonia is usually of short duration. Besides, if the cold wet jacket is fearlessly used externally and abundance of water is given internally, my experience is that the patient's temperature seldom remains alarmingly high for any very great length of time.

I most strongly endorse Dr. Burdell's condemnation of the use of coal tar preparations in the disease under discussion.

Unless Pneumonia is accompanied by pleurisy or bronchitis, my experience is that the cough is not often excessive. A certain amount of coughing is necessary, and within bounds, is beneficial, as it helps to clear the air passages.

When delirium comes on, its cause, whether toxemia, exhaustion, or cerebral hyperæmia, should be ascertained if possible, and our treatment directed accordingly.

While agreeing with Dr. Burdell as to the importance of elimination, and at the same time appreciating the great value of Epsom salts as an eliminant, I cannot go

quite as far as he does in giving a daily dose of this drug. It is a nauseous dose and its frequent repetition might disturb the stomach; and as it is also a very drastic cathartic, too much of it might be depressing. There are conditions some times arising during an attack of Pneumonia, when a dose of Epsom salts is undoubtedly indicated; but I think it should be used circumspectly and not as a routine daily practice.

I prefer enemas as a means of producing bowel movements as long as they prove efficacious. Unless it disturbs my patient too much, I am prone to order an enema of normal salt solution once or twice a day, to be retained as long as possible and then expelled. This stimulates the kidneys, helps to expel the gas, assists in keeping the bowels open, and in addition supplies a certain amount of chlorides which are always deficient in Lobar Pneumonia.

It is a mistake to think that every case of Pneumonia requires stimulation. No wise general will waste ammunition while the enemy is too far away. Wait until there is evident need for stimulation, then carefully select the proper kind of stimulant, keeping in mind whether we wish to direct our efforts directly to the heart, to the vaso motor system.

Having settled these questions we should push the stimulation until the desired effect is produced, and no further; for much mischief may result from over stimulation.

I think Dr. Burdell deprives himself of a valuable weapon against heart failure by not using alcohol in this disease. Theoretically there is objection to its employment in Pneumonia on account of its being a vascular dilator, but as Potter says, "While alcohol dilates the peripheral vessels, it at the same time increases the rapidity of the circulation, thus equalizing the blood pressure, and relieving internal congestions." I am of the opinion that the weight of authority is in favor of its use in Pneumonia, and certainly there can be no doubt that its employment is imperative in a patient who has been addicted to its use.

Another stimulant which acts somewhat like alcohol, only quicker, is Hoffman's anodyne. This drug is of great value given hypodermically, when we want a very quick result, in tiding over an emergency. The value of strychnine, adrenalin, camphor, and caffeine is unquestioned.

I cannot remember of ever having been forced to use chloral for the relief of insomnia in Pneumonia, as mentioned by Dr. Burdell. When the cold wet jacket or wet sheet is properly used, and the patient is surrounded with abundance of cool fresh air, in my experience, insomnia is rarely a very troublesome symptom. I would caution my friend, Dr. Burdell, not to lose sight of the fact that chloral, though a powerful hypnotic, is also a potent vascular dilator.

Dr. Burdell did not mention the use of oxygen in his treatment. I do not know whether he omitted it because he thought it useless, or because of the difficulty of obtaining it where he practices. I speak of it only to say that I have never seen any permanent good result from its employment in Pneumonia. True it brings a little more color to the cyanotic lips of our patient, and may possibly add to a slight extent to his comfort; certainly it makes the family feel more comfortable, for they think you are "doing something;" but my idea that the very best form of oxygen we can possibly get is that which we find mixed in Nature's laboratory, in the form of pure atmospheric air.

There are too many complications which might arise in a case of Pneumonia to be discussed here, but so far as my experience goes, the more thorough we are in the use of aerotherapy and hydrotherapy, the fewer complications or serious symptoms we will encounter. In

closing, let me recapitulate, by saying, in treating a case of Pneumonia, let us keep our patient in the fresh air day and night, support his strength by a suitable amount of easily digested food, stimulate him when necessary and help elimination of toxins by giving abundance of water *internally, externally* and *eternally,* and just *let him get well if possible.*

DISCUSSION.

Dr. Burdell closes:

It was my hope, in asking Dr. Lester to open this discussion, that we would get a full and free discussion of this disease.

In regard to oxygen gas, I have never used it, because I am back in the sticks seven miles from town.

In regard to the old whiskey drinkers, you have to use alcohol there.

I have only mentioned the measures and drugs in my paper that I have actually used in my practice.

The Treatment of Pneumonia.*

By W. J. Burdell, M. D., Camden, S. C.

In the fourteen years that I have been practicing medicine, I have treated something over four hundred cases of Pneumonia of which I have kept more or less complete notes. In treating these cases I think I have tried pretty much every method of treatment that has been suggested in that time, ranging from the "Alkaloidal Treatment" as advocated by Abbott, of Chicago, to the method that I shall attempt to outline in this paper. These cases were treated in series of at least twenty-five cases to each method, and the results have been, generally speaking, pretty much the same, except that the cases treated by the method I shall outline have been better than by any other method, and as Pneumonia during the past winter has been in my practice of an unusually virulent type, and the mortality has been lower than that where any other line of treatment was followed, I must believe that the following method of treatment is the most satisfactory of all.

First of all I wish to say that I cannot understand how any one who understands the pathology of a true Lobar Pneumonia can hope to influence the pathological condition by any drug, or combination of drugs. Lobar Pneumonia is a self-limited disease and once that fact is fully realized, the better it will be for our patients.

I wish to say also at the outset, that I have nothing original to offer in the way of treatment. I have arrived at the present method of treating this disease after giving a more or less thorough trial to any method that I saw recommended in the literature, or could pick up in discussing the subject with other doctors. My reading has been confined chiefly to Babcock, Nothnagle, Anders, Osler, Forcheimer, and some of the medical journals. Everything that I shall recommend has been faithfully tried in over seventy-five cases and it is upon my own experience with these cases that I base this paper.

When I first see a case of Lobar Pneumonia I give from three to six doses of calomel and follow this in from six to eight hours with a full dose of Epsom salts. I order the windows of the room left as widely open as possible, and they are only closed after this while the clothing or bedding is being changed. I believe the patient will do better in very cold weather than in milder weather. The bed clothing is light. A patient is not apt to get cold with one blanket over him, so long as he has fever, and if the covering is heavy, naturally heat is retained, and the fever is higher. The diet should be almost anything that is easily digested, and practically fluid. Raw or soft cooked eggs and milk, either sweet

*Read before the Annual Meeting of the South Carolina Medical Association, Charleston, S. C., April 19th, 1911.

or buttermilk, and meat soups and rice or barley water. If tympany should begin to appear I stop the milk altogether. The patient has all the cool water that he wants, and I prefer that he should have a lithia water, as I think the alkaline water has some slight influence on the disease. There is no medical treatment for the disease and the efforts of the doctor are directed towards relieving troublesome symptoms and treating complications. The first symptom that is usually noticed is the fever. Ordinarily this requires very little attention, but if persistently high in spite of light covering and cold air I have found that sponging with cool water, and an ice cap to the head will be all that is necessary. Cold tar antipyretics because they retain heat and also add by their weight to the work that the patient has to do in breathing. The cotton jacket is not used, as it also retains the heat.

For the pain when it is troublesome I use an ice bag to the side, though in some cases I find that a hot bottle will relieve the pain better. In these cases I use this, though it does assist in keeping up the temperature. If neither the ice bag nor the hot bottle relieve the pain I use morphine, or codeine, preferably the latter, and only enough of this to control the pain.

For the cough, if the cold air and morphine or codeine as used for pain do not control this I use codeine or heroin. I have come to the conclusion that it is absolutely farcical to attempt to effect the exudate in the lungs with ammonia or other expectorants in this disease and certainly so before the crisis. I wish here to mention the blister only to condemn its use. I can see no use for it, and I certainly do not like to percuss or auscultate a chest where the epithelium has been taken off in this manner, and it must add to the discomfort of the patient. For the insomnia which is very frequent in this disease, if the reduction of the fever, and the relief of the cough and pain by the drugs used do not accomplish this a dose of chloral hydrate is given at night.

For the delirium, reduce the fever, and eliminate the toxins as much as possible. To assist the eliminations of toxins I give a daily dose of Epsom salts throughout the course of the disease, after the initial dose of calomel. Often there will be delirium after crisis in a severe case. This is due to absorption, and is in most cases controlled by active stimulation. One or two doses of morphine is given for this delirium if it is obstinate.

Tympanites in my experience is not an infrequent symptom in severe cases, and I know that in some cases it is not due to diet. During the past winter I have had an unusual number of cases, and the condition is sometimes alarming. This condition is due to paralysis of the intestinal wall by the toxines, and requires prompt attention. Hot enemata of soapsuds, to which has been added assafoetida per os has almost always given relief, though in very obstinate cases I resort to hot rectal saline irrigation also.

The principal thing in Penumonia that the doctor has to do is to watch the heart. The heart should be examined carefully at every visit, and the nurse should be cautioned to watch for an increase in rapidity of the pulse. Increasing rapidity of the heart with a muffled or weakened pulmonic second sound are clear indications for heart stimulants. In no case should this class of drugs be given until this indication calls for them, and they should only be given as needed here. In my experience strychnine is the best drug to use and I begin giving it in doses of 1-40 gr. every four hours, and if the heart continues to fail, I increase the dose until I am giving a dose of 1-20 every four hours. Alcohol is also of value in come cases, but I think that we should use some care in giving this drug. I use alcohol according to a rule laid down by Babcock, viz.: If marked cyanosis pre-

cedes the weakness as indicated by the pulmonic second sound there is capillary paresis, and alcohol is contraindicated because alcohol dilates the capillaries, but if cyanosis is absent or mild before the heart weakens we may use alcohol, unless the cyanosis is absent or mild before the heart weakens we may use alcohol, unless the cyanosis deepens under its use. If pulmonary edema threatens, as would be indicated by moist rales before crisis I have found that atropine is the best drug to use. I use no digitalis or other heart tonic but the ones mentioned above, as they have proven satisfactory in my experience.

For complications, in endocarditis and pericarditis, I keep the patient quiet in bed, and put an ice bag over the heart.

Meningitis is not very rare, and is treated with ice to the head, morphine, etc. Some recent experiences has led me to examine the ears with a mirror and speculum daily in cases where the patient is at all delirious, as I had an otitis media develop in one case and my first suspicion was the spontaneous rupture of the tympanic membrane.

Broncho-Pneumonia.

This form of Pneumonia differs pathologically in several respects from Lobar Pneumonia and I treat it a little differently, though when the Pneumonia has developed in this disease, there is no specific.

The hygienic treatment is the same as in other forms, and I give calomel at the outset and the daily dose of salts throughout. Temperature is reduced by sponging, or Baruch jacket. Heart is watched and treated as in lobar form. For the bronchitis accompanying this form I use wine of ipecac, chloride of ammonia and other expectorants, but take care not to give them in syrup solutions. If there is much secretion in the bronchi, in children. I give an emetic to clear out the tubes, and I never give an opiate in this form of Pneumonia.

Alcohol, strychnine, ammonium carbonate, or the aromatic spirit of ammonia are given as stimulants.

In Lobar Pneumonia, and in Broncho-pneumonia also, we should think of the other fellow, and while these are not on the list of reportable diseases, we do know that Lobar Pneumonia is an infectious diseases due to a bacterium, and it is possible that the same bacterium may be present in Broncho-pneumonia. Therefore we should take all possible precautions to prevent a spread of the disease from a patient. All sputa should either be caught on paper or rags and immediately burned, or should be expectorated into a solution of phenol and eventually buried. All body excreta should be disposed of by modern sanitary rules, and the patient will be much better off for the isolation and the consequent quiet. The same precautions should be taken that are taken with a case of typhoid fever.

Pneumonia.*

By W. A. Woodruff, M. D., Catecchee, S. C.

There is nothing new in this paper. What I have written is mainly from others.

Pneumonia is an infectious disease, characterized by an inflammation of the lungs, marked constitutional disturbances and a fever which usually ends by crisis.

A typical case is perhaps the easiest diagnosed of all acute diseases, in fact the people often know what the trouble is when they send for the physician. At the same time it is important to be careful, for I have lost two or three cases of old people before I scarcely knew the cause. In drunkards, those suffering with consumption, heart and kidney discase we should be extremely cautious, for they frequently die with Pneumonia. The lungs of typhoid fever patients should be watched, for Pneumonia some-

*Read at the 4th District Medical Association, Union, S. C., November 20, 1911.

times forms a serious complication, usually in the second or third week.

The symptoms are generally well defined. There may be a cold for a few days, but many times the disease sets in suddenly. A chill which lasts about thirty or forty minutes marks the beginning, before it is over the fever begins to rise, and the patient complains of headache and general pains. Within a few hours a pain develops in the side, most often in the lower lobe of the right lung, but not as often there in my patients as seems to be the experience of others. A dry, painful, frequent cough begins. The respirations are increased in frequency. A sign that everybody has noticed is a dilatation of the nostrils with each inspiration, and a dark red flush on the cheek of the side affected. Soon the expectoration is blood-tinged and very tenaceous; the fever rises to 104 or 105; the pulse becomes full and bounding and the normal pulse respiration ratio of 1 to 4 becomes 1 to 3, 1 to 2, or even 1 to 1.

Sore lips or fever blisters are more frequent in Pneumonia than in any other disease, and are said to be a favorable sign. The tongue is furred, there may be nausea and vomiting and the bowels are usually constipated. The urine is scanty and highly colored, and often contains a trace of albumin.

These symptoms vary; the pain frequently is of an agonizing character or absent if the pleura is not involved, as in Pneumonia affecting only the center of the lung; the fever may be slight in the very old and in alcoholics; in some cases the pulse is dicrotic, or small and rapid, or full but soft; however, the pulse is no indication of the manner the right ventricle is standing the strain.

The most characteristic and the most remarkable single phenomenon of Pneumonia is the crisis; the fever falls in a few hours from 104° to 105° to normal or below. It occurs usually from the fifth to the tenth day; with it the pulse slows and the breathing becomes almost normal. I shall not mention the physical signs, but the lungs must be cautiously and frequently examined over the front and the back of the chest if we keep up with the progress of the disease.

Now I am at the most important part of my paper—the treatment of Pneumonia—and in this I am very deficient. In my practice more than half a dozen patients die of Pneumonia to one of typhoid fever. As to whether the disease can be abated is difficult to say. Every winter I am called to a few with apparently every symptom of the disease, but after giving a large dose of calomel and salts they are ready to get up. However, I am thoroughly convinced when established it will run its course.

In the treatment we should keep in mind it is a toxæmia we are dealing with, and not a disease of the lungs *per se;* anything which will tend to eliminate or control the toxæmia is beneficial. The patient should have plenty of fresh air, windows and doors opened, unless the whole house is open as is the case sometimes in my practice. If the room is close and cannot be well ventilated the patient ought to be moved out, as pure air is absolutely necessary and not more than one or two allowed in the room.

Now, as to local applications: I use a mustard jacket, covering the chest all round, if I see the case before consolidation. After the chest is thoroughly reddened I remove the poultice and replace it when the redness fades out, doing this for several times, then I put on a red flannel jacket, open in front. During examinations the patient should be moved but very little, and kept as still as possible the whole time, not getting up for anything. I do not use antiphlogistine unless there is likelihood of consultation, if so, I put it on, because when another physician is called he usually wants to do something very noticeable to the family and friends, so he recommends antiphlogistine

and covers it with absorbent cotton. If the patient gets well of course the consulting doctor with his mud poultice has turned the trick.

The diet should be light, of the most nutritious kind, and given at stated intervals. Milk ought to be the chief article; egg-albumin, soups of chicken and beef are nourishing and easily digested. If possible, the strength of the patient must be kept up. Two or three ounces of alcohol may be given daily for its food value; it lessens waste and improves the appetite and digestion. Lemonade has a good taste, and plenty of water is a necessity. The drugs I use are calomel, quinine, atropine, nitroglycerine, strychnine, digitalis and a cough mixture, but if anything, unless it be the calomel and strychnine, has been of any benefit, I could not tell it. Calomel, given at the beginning and in small doses throughout the disease, does do good. It keeps the liver, bowels and kidneys acting, and so helps to eliminate the waste products, preventing their absorption from the alimentary canal. Aconite and veratrum I never use; sometimes I give a few doses of phenacetin, which most people say is wrong, but still most everybody does it, and it does seem to relieve some of the distressing symptoms; if there are no severe nervous manifestations a few doses of quinine seem to help. Digitalis is usually given, 8 or 10 drops of tincture every 4 hours, is absolutely worthless. I believe one-half the digitalis found in the drug stores is inert. If given at all, it should be in the advanced stage, and in large enough doses, 20 to 30 drops every 3 or 4 hours of the tincture, to do some good. I saw it stated the other day that digitalis by the mouth shows no effect on the circulation within 24 or 36 hours, so it is useless in an emergency unless given hypodermically. Strychnine and alcohol are the most important drugs. They should be given when the slightest tendency to cardiac weakness is shown, in small amounts at first, but increased according to the indications, as much as one-twentieth or one-fifteenth of a grain of strychnine every 3 hours. In the collapse that sometimes attends the crisis atropine, ammonia and camphor may be tried. I usually give a cough mixture of ammonium muriate or carbonate, but cough mixtures are of very doubtful utility. During the early stage, a little morphine for the cough and pain may be tried, but morphine is a very dangerous drug to give in pneumonia. Now, as to the nervous symptoms and fever, I have never bathed a patient, because I was afriad he might die, and I would lose my practice, but I believe it is the thing to do. Cold cloths to the head and sponging does a great deal of good, perhaps more than a cold bath, since the patient would be very much disturbed. The fever does no harm, unless it is accompanied by great nervousness. Those that run a high temperature get well as often as those that run a low. One other thing I want to mention: I have never bled a patient in my life for pneumonia, but in not doing so I believe I have committed a sin of omission. In strong, vigorous people, where the disease sets in with great intensity and high fever, it is a grave error not to bleed, and at that freely. It is a mistake to try to cure a case of lung fever; the object should be to keep the patient from dying, and the cause of death in most cases is toxæmia, not inability of the right ventricle to force blood through solid lung. But if standing by the bedside of a patient with arms folded, waiting for the disease to run its course, is not wrong, then nothing is wrong.

Uterine curettage has its chief indications in incomplete abortion, metrorrhagia as from submucous fibroids, inoperable carcinoma, etc. Its indiscriminate employment in chronic endometritis is to be condemned.—*Journal of American Surgery.*

Broncho-Pneumonia.*

By H. L. Shaw, M. D., Fountain Inn, S. C.

Mr. President and Members of the Association:

In selecting a subject for this meeting I chose that of broncho-pneumonia, thinking, perhaps, it would interest the most of you, for of all diseases to treat it gives us a full share of trouble.

I did not choose it expecting to state anything new or out of the ordinary, but hoping the mere mention of the disease at this season of the year would provoke a lively discussion.

And, perhaps, too, another reason for selecting the subject is my fondness for the class of patients that broncho-pneumonia usually selects as its victims—the infants.

If there is any class of patients that appeals to me more than another, it's the little ones that can't tell the doctor where hurts them. It is this class of patients, also, that puzzle me the most. Oh, how I hunt around for a diagnosis, which, alas, too often is wrong.

As stated above, broncho-pneumonia is a disease of infancy, occurring usually in the first and second years. Later in childhood it occurs as a complication of infectious diseases.

The majority of cases occur in cold winter, hence a cold is said to be a predisposing factor.

I think many cases are never correctly diagnosed, but go on to recovery or death under another name.

If called to see a little patient with high fever, rapid pulse and respiration, cough and extreme prostration be sure to expect broncho-pneumonia.

The fever in broncho-pneumonia is usually high and of a remittent type, lasting from one to three weeks as a rule.

The respiration is hurried, say from 60 to 80 or more, and the breathing is difficult; the patient seems to suffer more from difficult breathing than any other condition.

The pulse is rapid, often so much so that it is difficult to count correctly, sometimes reaching 180 to 200 per minute.

Cough is usually present, often constant and very distressing. In the few cases that I have diagnosed, there have been no convulsions, though the nervous symptoms are sometimes marked in the onset of the disease.

Upon examining the chest fine rales are heard throughout the lungs, more marked posteriorly. After a few days consolidation usually takes place and is more marked posteriorly, is not clear cut and well defined as in lobar pneumonia, but tapers off gradually.

The prognosis is grave and especially as if secondary to infectious diseases. Holt places the mortality when it is secondary to scarlet fever, diphtheria, varicella and erysipelas as one hundred per cent.

The prognosis depends upon the age of the child, previous condition, surroundings and digestion.

The treatment consists in rest, ventilation, stimulation and supportive measures

Some of these cases get well in "spite of the doctor." I recall the first case I ever saw. I was called in consultation soon after I graduated and the doctor in charge was giving internally squills and ipecac, and painting the chest well with iodine. Of course I "concurred" in the treatment and the patient, a child of about 2 years, got well. Looking back on the case now, I hardly think we did a thing that could have been of a benefit to the child.

The next case I remember to have treated, I gave internally strychnine and chloride of ammonia.

Externally, I applied over the entire

*Read before the 4th District Medical Association, at Union, S. C., November 20, 1911.

chest wall a mustard plaster, allowing it to remain from 10 to 20 minutes, depending on the effect of the skin. After removing plaster I applied a light dressing of oil, cream, or vaseline.

In 4 hours the mustard was reapplied as before, continuing thus throughout the disease.

I also used in the room inhalations of turpentine.

This line of treatment I have found satisfactory and continue to use it.

A DISTINCTIVE PIECE OF LITERATURE.

"Here is something different." This is apt to be the first thought of the physician upon breaking the wrapper of Parke, Davis & Co.'s new brochure on bacterial vaccines and tuberculins. And the external appearance of the book is in nowise misleading. The "difference" applies to the printed page as well as to the handsome cover in artistically blended browns and gold. The brochure contains forty-eight pages, in addition to the cover, and thirteen full-page engravings in colors.

The work is divided into three parts, or sections. Some of the subjects considered in the first section are: "What is the Difference Between Bacterial Vaccines (Bacterins), Serums and Toxins?" "How Are Bacterial Vaccines Prepared?" "Therapeutic Action of Bacterial Vaccines." "When Should Serums Be Used, and When Bacterial Vaccines?" The second section treats of the origin and nature of the bacterins, the relative merits of "stock" and "autogenous" vaccines, the opsonic index, and the best method of using the bacterins, together with a description of each vaccine, including references to preparation, therapeutics and dose. The third section is devoted to a consideration of the tuberculins, with dilution and dose tables, descriptions and illustrations of the various diagnostic tests, etc.

Briefly stated, the booklet is a concise review of the essential facts relating to a bacterial-vaccine therapy, containing precisely what the seeker after this kind of information wants. It is not padded with clinical reports—in fact, it contains none. We understand that Parke, Davis & Co. will be pleased to send a copy of this unique and valuable brochure to any physician requesting it. Address them at their home offices, Detroit, Mich., specifying the "new booklet on bacterial vaccines," and mention this journal.

Department of Public Health

Believing that preventive medicine holds in store far greater triumphs than has been revealed and wishing to encourage all who agree with us we have determined to establish a Department of Public Health.

There has been no more potent measure proposed to advance the principles of preventive medicine in this State, we think, than the bill now before the Legislature on medical inspection of schools. This bill has the active endorsement of the State Medical Association, the State Dental Association, the State Teachers' Association and the Federation of Women's Clubs. We reproduce the bill in the department of public health. It is a model. Read it. Work hard for its passage and we will get it.

PROPOSED SUBSTITUTE BILL.

A Bill

To Provide for a System of Medical Examination of School Children and Students Attending Public Schools and Colleges Within the State.

Be it enacted by the General Assembly of the State of South Carolina:

Section 1. The Board of School Trustees shall appoint one or more physicians to act as official medical examiners, hereinafter called school physicians under the terms of this Act, at each and every public school and college within the State, and shall provide said physicians with all proper facilities for the performance of their duties as such examiners: Provided, however, That nothing herein contained shall be construed to require or authorize such appointment at any school or college already employing a regular physician for its school children or students.

Sec. 2. Every school physician shall make a prompt examination and diag-

nosis of all children or students referred to him as hereinafter provided, and such further examination of teachers, janitors and school buildings as in his opinion the protection of the health of the public may require.

Sec. 3. The teachers shall cause to be reported to a school physician for examination and diagnosis every school child or student returning to school without a certificate from a board of health, or where no such board exists a physician, after absence on account of illness or from unknown cause; and every school child or student who shows signs of ill health or of suffering from contagious or infectious disease shall be so reported, unless at once excluded from the school by principal or teacher.

Sec. 4. The school physician shall report to the appropriate teacher and the teacher shall notify the parent or guardian of any school child or student who may be suffering with any defect or disease and the nature of such defect or disease. Whenever a school child or student shows symptoms of smallpox, whooping cough, diphtheria, scarlet fever, measles, chicken pox, mumps, influenza or any other contagious or infectious disease, such school child or student shall be sent home immediately by the teacher, or as safe and proper conveyance can be found, and the teacher or principal shall at once notify the local board of health, where one exists: Provided, however, That nothing in Section 4 shall prohibit the proper authorities from sending cases suffering from the above mentioned diseases to a hosptal connected with an institution with facilities for the case of such diseases.

Sec. 5. The school physician of every school and college shall separately and carefully examine and test every school child or student in the institution which he serves at least once every school year, as near the beginning of the session as can be agreed upon by the principal, teacher and examiner, to ascertain whether such school child or student is suffering from defective sight or hearing, tuberculosis, malaria or hookworm disease, or any other disability or requiring treatment, and he shall keep a physical record of each school child or student in such form as the board of health shall provide. He shall also furnish to the teacher a duplicate record to be kept as a permanent record of the school.

Sec. 6. The State Board of Health shall formulate rules and regulations for the guidance of the said school physicians and the board of school trustees shall prescribe a basis of reasonable compensation for said physicians, which shall be paid in each school district out of the school funds thereof in the same manner as other school expenses.

Sec. 7. All Acts and parts of Acts inconsistent with this Act are hereby repealed.

Sec. 8. This Act shall go into effect immediately upon its approval by the Governor.

THE APPETITE IN TUBERCULOSIS.

In view of the fact that hypernutrition, or so-called forced feeding, constitutes one of the important indications in the treatment of many cases of tuberculosis, more than ordinary attention must always be devoted to maintaining the appetite. Unfortunately, many of these patients have an aversion to the very foods which are best adapted for repairing and resisting the ravages of the disease. It is here that Gray's Glycerine Tonic Comp. serves one of its most important purposes, by reason of its notable capacity to awaken a deficient appetite in a perfectly natural manner. It not only possesses the desirable feature of great palatability, but, through its tonic properties, it never fails to impart just the right tone to the digestive organs. Thus the effects are so much more permanent and far-reaching than are obtained from ordinary stomachics, that not only are larger quantities of nourishment freely taken by the patient, but a correspondingly increased amount finds its way to the remote tissues.

Society Reports.

The County Medical Society—Its Duties and Its Purposes.*

By Dr. Leland O. Mauldin, Greenville, S. C.

Gentlemen: By way of assuring you of my appreciation of your kindness in extending me the honor of the office as president of this society for the year 1912 I have decided to begin my duty connected with the honor by speaking to you upon a subject of deepest interest to us all, "The County Medical Society—Its Duties and Its Purposes."

In selecting such a subject I am cognizant of the fact that a reference to the duties and purposes of the society as a whole implies a reference to the duties and purposes of the individuals who compose the society.

It has been well said by someone, "Our life is what we make it." The same statement is applicable to an organization. "This society is what we make it."

The Greenville County Medical Society has for its aims the advancement of medical science, the elevation of the medical profession, and the promotion of all means for the relief of suffering humanity and as members of an organization with such high and unselfish purposes it is our duty to put forth vigorous efforts in every possible way to increase the usefulness of such an organization and make its purposes a reality.

In the fulfillment of our duties with respect to this society there are many things to be done that requires the individual and the collective efforts of every member of this organization.

In this connection I wish to ask, Do you not need a broader spirit of unity of thought, feeling and action among our membership?

I am sure we need more enthusiastic labor directed toward accomplishing the purposes of the organization. I am sure that during the year nineteen hundred and twelve every member should read an original paper and gladly accept the opportunity to do so. I am also sure that when a member spends his valuable time and labor in preparing a paper to read that it is proper courtesy for the society to give it a most liberal discussion. I am sure that we need more clinical cases at our meetings.

All around us there are matters pertaining to public health that can be best solved by the medical mind, and as the county's organization of medical men we should be prepared to make some valuable suggestions of practicable value along these lines and direct our influence always toward backing up the boards of health in every laudable purpose that they may undertake for the best conservation of the health of the county.

In the beginning of this year, 1912, let us get together with a more determined spirit to do our duty with respect to the Greenville County Medical Society, ever bearing in mind that this society is what we make it, and we can make it an organization of such high tone and such determined strength that its suggestions in the interest of public health must be given the most favorable recognition from the powers that be and the commendable acceptance of the people of the county, who, after all, are the recipients of good on account of the purposes accomplished by this organization.

Let us put aside petty jealousies, if any exist, take a broad-minded view of our physicians, come together once a month, exchange ideas, renew affiliations and by so doing make the organization of physicians in Greenville county a unity of strength, a positive factor for good in this community and an organization whose motto is and shall be, "Good Health for the People of Greenville County."

The purposes of this society are as

*Inaugural Address, delivered January 1, 1912.

great and good and true as truth itself. It certainly cannot harm any man to labor for such purposes, and the undoubted chances are that if one labors conscientiously for such purposes as are spoken of in our Constitution and By-Laws, he will be a greater man and a more competent and better physician by the time another New Year's day comes to light.

The youngest man in this society can tell the oldest something worth while that the oldest doesn't know, and I am sure that the oldest on account of his accumulated rich experiences can tell the youngest man many things that he doesn't know and each member can tell every other member something of value that should be of common value to all. Is it not right that we should have the benefit of this knowledge in common? Is not this the best way for medical science to advance? My answer is an emphatic "Yes," and in substantiation of this assertion I wish to tell you that medical science has seen six thousand years of history and during the past one hundred years it has made more progress than in all the 5,900 previous years. This is a startling fact, but history proves its unalterable truth. The progressive advancement of recent years is attributable to the co-operative diffusion of knowledge by scientific men the world over.

Quoting from Hamlet, "There is more in Heaven and earth, Horatio, than are dreamt of in our philosophy." The thought is applicable to medical men in the present day and induces a thought I wish to apply to ourselves. "There is yet more to be learned in medicine and surgery than we have ever dreamed of." We are only in the beginning of our discoveries and inventions pertaining to medicine and surgery and it is up to Greenville county physicians to do their share in promoting scientific knowledge, elevating the medical profession and in devising means for the relief of suffering humanity.

Oconee County Medical Society.

The Oconee County Medical Society met at Walhalla November 22 at 3 p. m. The society was called to order by the president, Dr. J. J. Thode. There were only seven members present, but after the election of officers for the ensuing year each member manifested an especial interest in the society by discussing some method by which we could do more efficient work. A motion with a second was carried to hold monthly meetings during the year 1912. A committee consisting of Drs. J. Henry Johns, E. A. Hines and W. A. Strickland was appointed to outline a program. This committee chose the program as outlined by the postgraduate study course of the American Medical Association Bulletin, for the monthly meetings.

We, as a society of medical men, feel the need of more system in our society work and a more hearty co-operation of each member in doing this work. We feel sure that by a systematic study of each subject as outlined in the postgraduate study course, we shall make of ourselves better doctors and be enabled to render more efficient service to our patients.

Here is hoping that each and every member of the Oconee County Medical Society will do his best to make 1912 the most prosperous year the society has ever seen.

W. A. Strickland,
Secretary.

Anderson County Medical Society.

The first regular meeting of the Anderson County Medical Society for the year 1912 was called to order by our new president, Dr. Clyde R. Ross, on Monday, January 1, at 11 o'clock, in the Chamber of Commerce rooms. Possibly from the fact that this was New Year's day only twelve of our number were present. Those at the meeting were Drs. Dean, Duckett, Harris, Land, Olga V. Pruitt,

Richardson, C. F. Ross, J. A. and A. L. Sanders, Thomson, Townsend and Wilhite.

The first part of the hour was taken up with business affairs. Among them being the question of changing the time of meeting to some other which would be more convenient to all, especially to those out of the city. The time decided upon was the first Wednesday of each month at 12 o'clock instead of on Monday at 11 as heretofore. All matters of business being disposed of, the program was entered into. Dr. J. M. Richardson gave us an interesting and instructive talk on pneumonia, and following this Dr. J. C. Harris gave us an article on empyema, which was enjoyed by all.

Dr. J. B. Townsend's paper on "Finer Points on Heart Stimulants" was of great interest and was very beneficial to all who were so fortunate as to be present.

After the president announced the names of those who were to take part at the next meeting the society adjourned. A pleasant social half hour was enjoyed, during which refreshments were served.

OLGA V. PRUITT,
Secretary and Treasurer.

WILLIAMSBURG COUNTY MEDICAL SOCIETY.

The regular monthly meeting of the Williamsburg County Medical Society was held Wednesday, December 20, at 2 p. m., at the Bank of Kingstree's office. Those present were:

Drs. W. G. Gamble, E. T. Kelley, D. C. Scott, D. C. Jacobs, W. D. Rich, E. O. Taylor, W. V. Brockington, and John C. Beckman.

Dr. W. L. Wallace, the president, being indisposed and confined to his room, Dr. Beckman, the secretary-treasurer, acted as president *pro tem.*

It was decided at the meeting to extend an invitation to all licensed practitioners throughout the county to become members for mutual benefit and to urge strict attendance at all meetings. THE JOURNAL OF THE SOUTH CAROLINA MEDICAL ASSOCIATION will be sent to all members; this interesting paper, containing an epitome of the American Journals, will find ready acceptance in this county.

Dr. Jacobs was appointed delegate to the State medical meeting in April and Dr. Brockington alternate.

Censors for the county society are as follows:

Dr. Scott, 1 year; Dr. Gamble, 2 years; Dr. Taylor, 3 years.

Dr. Kelley read a paper full of interest to medical men and did himself credit; the paper will be published in THE STATE MEDICAL JOURNAL.

Dr. W. D. Rich was appointed to read a paper before the next meeting, and Dr. Gamble will lead in discussion of same. Both Drs. Gamble and Rich have had onsiderable experience in the appointed subject and the society anticipates an interesting meeting for January.

Several cases of pellagra were reported in the county and two deaths from the same. The treatments of this disease were discussed at length.

JOHN C. BECKMAN, M. D.,
Secretary.

PICKENS COUNTY MEDICAL SOCIETY.

The Pickens County Medical Society met in regular session December 6, 1911.

Dr. C. N. Wyatt, president, called the meeting to order.

The minutes of the last meeting were read and adopted.

On motion of Dr. W. M. Sheldon, the regular order of business was suspended and the society went into business.

The first order of business was the election of officers for next year. On motion of Dr. Woodruff, the present officers were re-elected and Dr. Tripp cast the vote for the society.

Dr. Tripp, in a very graceful speech, declared the following officers re-elected for the ensuing year: Dr. C. N. Wyatt, president; Dr. Broxton R. Jarrett, vice president; Dr. R. J. Gilliland, secretary and treasurer.

Dr. W. A. Tripp was unanimously re-elected delegate to the South Carolina Medical Association.

The physicians of Easley, S. C., will give a banquet to the Pickens County Medical Society in the near future. A splendid menu will be served. The Pickens County Medical Society has bright prospects before it for next year.

R. J. GILLILAND,
Secretary.

AIKEN COUNTY MEDICAL SOCIETY.

The regular monthly meeting of the Aiken County Medical Society was held Monday, December 18, 1911, at the Masonic Hall and was well attended.

Several very interesting papers were read, which consumed most of the time of the meeting.

The election of officers for the ensuing year, which was to have taken place at Monday's meeting, was postponed until January, when a banquet will be given.

A committee composed of Drs. T. G. Croft, Filmore Moore, H. H. Wyman, Jr., and T. C. Stone was appointed to arrange for the banquet and we hope to have a large number present at this meeting. Dr. E. Cross and Dr. Filmore Moore were appointed to read papers at this meeting. We are glad to say that the society is taking on new life and we hope the enthusiastic spirit of this meeting will continue.

T. C. STONE, M. D.,
Secretary and Treasurer.

UNION COUNTY MEDICAL SOCIETY.

Proceedings of the meetings of the Union County Medical Society December 4 and December 11.

The meeting was held in the offices of Drs. Montgomery and Berry at 7:30 p. m., Dr. Montgomery presiding.

Drs. Maddox, Sarratt and Montgomery reported cases for discussion.

The questions for the quiz course were as follows:

1. What visceral organ is the most common seat of syphilis?
2. What is salol and why should care be exercised in administering it?
3. Differentate interstitial nephritis from parenchymatous nephritis.
4. Describe symptoms of pyothorax.
5. What patients would you not send to a high altitude?
6. What cranial nerve has the widest distribution, and give its principal points of distribution?
7. What is Argyrl-Robertson pupil? Name conditions in which it is a symptom.
8. What are the usual causes of death in cases of burns?
9. What arteries need litigating in amputation of the middle third of the leg?
10. What is the function of the gastric juice?

Members present at this meeting: Drs. Culp, Kenedy, Montgomery, Maddox, Sarratt, Going and Berry.

MEETING DECEMBER 11, 1911.

Dr. Kenedy read an interesting and instructive paper on differential diagnosis of nephritis.

Questions for the evening:

1. Define and give symptoms of pruritus vulvæ.
2. How does chloral hydrate cause death?
3. By what organs is most of the carbon excreted, most of the nitrogen?
4. Name a few of the most rapidly acting drugs.
5. Name a few of the slowly acting drugs.
6. Name a few of the drugs that tend to accumulate in the system.

7. Chemically, what is albumin?

8. Give examples of drugs causing eruption on the skin by being irritant to the stomach and duodenum.

9. Give examples of those causing eruption by being more or less excreted by the skin and irritating the glands during such excretion.

10. Those causing eruption by flushing the skin.

Members present at this meeting: Drs. Montgomery, Sarratt, Hamilton, Kenedy, Culp, Maddox and Berry.

ROBT. R. BERRY, M. D.,
Secretary.

The sooner a long bone is opened in actue osteomyelitis the less the destruction.—*American Journal of Surgery.*

WINTER COLDS.

There is nothing that will remove a tendency to colds (nasal catarrhs, bronchitis, laryngitis) more quickly and satisfactorily than a course of treatment with Gray's Glycerine Tonic Comp. Its effect is not only to promote reconstructive metabolism and thus enable the whole body to better withstand disease, but, in addition, it imparts a local effect to the respiratory structures that unquestionably increases the local resistance to bacterial invasion. One thing is certain, cases of the ordinary respiratory diseases not infrequently prove intractable to all treatment until Gray's Glycerine Tonic Comp. is administered. Experience has proven this, and there are countless physicians who use this dependable tonic exclusively for clearing up their cases of pharyngitis, laryngitis, bronchitis and allied conditions.

NEUROTIC ANOREXIA.

While loss of appetite and nausea are usually symptoms of a host of diverse pathological conditions, they sometimes constitute a disease in themselves—a kind of neurosis. In these cases the physician will find Gray's Glycerine Tonic Comp. of almost specific value for restoring the impaired appetite. It is not only agreeable to take, but produces its benefits at once in such a natural way that, before the patient realizes it, the normal amount of food is being taken. Its efficacy in these neurotic cases makes Gray's Glycerine Tonic Comp. exceedingly useful in relieving the severe nausea that often occur in early pregnancy.

Current Medical Literature.

"Pneumonitis:"

Its Methodical Treatment by Measures Impelling the Advent of the "Crisis." "Wetting" or "Douching" the "Extremities" and "Fanning" to Effect the Evaporation of the Water and the Rapid Radiation of Heat from the Nerve Centers Is a Prominent Adjunct of the Treatment.

Under the above heading, Dr. Robert L. Hammond, of Woodsborough, Frederick county, Maryland, has contributed an elaborate paper upon this important topic in the September issue of the "Medical Brief."

The theme of the treatment is unique in that it systematically impels the corpuscular excitation as well as the pulmonary infection to end by "crisis," which is as its nature would have it, rather than by "lysis."

The "extremities"—hands, feet, head, and nape of neck, are repeatedly and thoroughly "wet" or "douched" with "ice water" and constantly and vigorously "fanned," with the result of aiding the evaporation of the water, and effecting the rapid radiation, and carrying away, of the abnormal heat from the nerve centers.

Hot and cold measures vie with each other as antipyretic and stimulating agents.

An "ice cap" also is applied to the præcordium when necessary.

And these means failing to impel—rather than compel—the advent of the "crisis," as a dernier expedient a large, strong "cantharidal blister" is applied to the præcordium overlapping the lower region of the thorax.

The dependable medicinal antipyretic, antiseptic, anodyne, analgesic, calmative,

and stimulating agents, play their *indispensable parts.*

Daily lavage of the intestines is accomplished by copious salt water enemas.

Special attention is given to the proper nourishment, with the object of maintaining a reserve strength, available for immediate use at critical times in the management of the case.

The temperature of the room must be under complete control, and must of necessity vary, but it is kept at or as near 70 degrees Fahr. as possible during the refrigerative treatment; but at the time of the "crisis," and while the hot applications are being used with the object of stimulating the patient or relieving a condition of shock, the temperature should be not less than 80 to ninety degrees, then the former degrees of 70-75 should be resumed as slowly or as rapidly as the condition of the case may require.

The patient is confined strictly to the horizontal position, and by the employment of rubber sheeting, the risk of shock or chill, happening, which is very liable to occur while the patient is being removed to or from a hot or cold bath, is avoided, and either hot or cold applications, wet packs or douches, can be safely and effectively applied.

The treatment has been attended by such extraordinary success in the author's hands that he feels justified in calling the attention of the profession to it.

In order to illustrate the applicability of the treatment in cases occurring in very young infants, the following little case is offered, which occurred at a time of sudden, but short lived, drop in temperature, during a period of intense heat, 98-101 degrees, last August.

An infant, aged 9 months, was taken very ill with "pneumonitis" (severe cough, dyspnoea, crepitant and subcrepitant rales), pulse 120, respirations 40, temperature 104, semicomatose, marked restlessness, nausea and vomiting, and deep injection of the conjunctiva; complicated with Ileo-colitis (frequent bloody actions). Treatment was given (two hours after the initial dose of hydrarg. chlor. mit. gr. 6) 1-3 of a powder of formula No. 2 every two hours, with shaved ice and glycerine.

The head and nape of neck, hands and feet, were kept thoroughly and constantly "wet" with "ice water," and continuously "fanned." A cold wet pack was also applied to the præcordium and abdomen. She was nourished at the breast. For the intestinal inflammation as well as the tympanites she was given the following: quiniæ sulph. gr. 4, glycerinæ, drachms 2, aqua bulliens, ounces 3—M. ft. enem. Signa—as an intestinal irrigation night and morning.

As soon as the temperature was decidedly lower, the ice was removed from the water, and water of the same temperature as was being applied to the præcordium was continued until the "crisis" was reached.

The treatment was equally valuable for both infections. The "crisis" was gradually and permanently impelled within 72 hours. The case was discharged at the fourth visit, no trace of either disease being left. I learned afterward that she had an uninterrupted convalescence.

In the *Medical Council* for January, 1912, appears an excellent article on "Vaccine Therapy in General Practice," which includes, among other diseases, pneumonia, by Dr. J. H. Mudgett, Philadelphia.

The use of bacterial vaccines as therapeutic agents is in harmony with nature's efforts to cure. It is well known that when pathogenic bacteria invade the human body, nature has a mechanism for their destruction. This mechanism, according to Wright, consists of the leucocytes, or, as they are now called, the phagocytes, and certain peculiar substances in the blood, known as opsonins.

The office of the phagocyte is to destroy the invading bacteria, which it cannot do unless the bacteria are first prepared by the opsonins for its action upon them. When the mechanism of immunity, as it is called, is in normal condition, it is able to repel the attacks of invading bacteria, unless they are of special virulence and sufficient in quantity to overcome it. When, for any reason, the protective forces of the body are below par, the opportunity is presented for the invading germs to obtain a foothold.

It was found by Wright that advantage might be taken of these facts in the treatment of infectious diseases. By injecting killed bacteria, of the kind corresponding with the bacteria causing the disease, the body cells can be stimulated to form opsonins and other antibodies, which, entering the circulation, are carried to the focus of infection, and there aid in the process of phagocytosis.

The object of this paper is to impress upon the practitioner the advantage of using bacterial vaccines as an accessory treatment. I wish to emphasize the fact that bacterial vaccines or bacterins, as they are generally called, are perfectly harmless when properly used. By proper use, I mean this—when an injection of a bacterin is made, there immediately follows a decrease in the amount of opsonins in the blood of the patient, shortly followed by a marked increase in the amount of opsonins and other antibodies present. This decrease is known as the negative phase. The negative phase is a negligible quantity. Too much stress, in my opinion, has been laid upon the dangers to be apprehended from this so-called negative phase. I realize that if one negative phase is superimposed over another by the frequent injection of large doses, the condition of the patient may be made worse, but there is no occasion for using bacterial vaccines in this manner. Careful search of the literature shows very few cases in which the clinical phase has been sufficiently marked to produce anything more than a mild feeling of malaise and an aggravation of the local symptoms. This, of course, does not apply to tuberculin, which, on account of its high toxicity, must be handled with care.

It is quite remarkable in this connection to note the change of the attitude on the part of those who are using vaccines in relation to the employment of so-called autogenous vaccines. Wright and his followers in Europe are now all using stock vaccines, and never think of using an autogenous vaccine unless the stock vaccine has failed. In cases of failure, it is always well to resort to an autogenous vaccine before pronouncing against the use of bacterial vaccines in the case under treatment, for there are undoubtedly cases which may be successfully treated with autogenous vaccines, when no effect can be obtained from the stock vaccine. Furthermore, valuable time may be lost in waiting for the preparation of an autogenous vaccine, as, for instance, in a case of puerperal sepsis.

Another point in this connection should be observed, and that is the necessity of following Wright's directions in regard to accessory treatment. No matter how much opsonins and other antibodies may be formed by the tissues of the patient from the injection of bacterial vaccines, if the infected area is so walled in that the blood and lymph cannot circulate through this region, failure will surely result. Wright recommends the use of various methods of hyperemia to draw the blood to the infected area, and insists on the proper draining of abscesses, etc.

Finally, I desire to again emphasize the ease and facility with which bacterial vaccines may be used by the general practitioner, and also wish to state, from my own large experience, and from information obtained by reading, my opinion that the use of bacterial vaccines

is as safe as the employment of any of the potent drugs of the materia medica. They should be used by every practitioner of medicine as an accessory to his other methods of treatment.

Now, in regard to my method of procedure. When I am called upon to visit a case of infectious disease in which I desire to use bacterial vaccines, I do not wait to make a bacteriological diagnosis for the purpose of ascertaining the nature of the infecting germ or germs, but rely upon physical diagnosis and clinical experience in deciding the case. As a rule, this is sufficient. I then inject a dose of the appropriate bacterin, and repeat the same in from three to five days or a week, depending on the condition of the patient and the disease under treatment. As a rule, this method proves satisfactory. If the patient does not improve under two or three doses, I assume the probability that he is suffering with a mixed infection, and use a mixed bacterin. If the results are not what I expect, I have a bacteriological examination made to clear up the diagnosis. It may be noted in this connection that there is no danger of doing any harm by injecting a mixed bacterin, even where the germs present are not of the kind contained in the vaccine. The result is only to increase the immunity against the germs present in the vaccine.

The next question to settle is, whether to change the treatment and use an autogenous vaccine or to continue the employment of the proper stock vaccine, indicated by the results of the bacteriological examination. Either course may be chosen, and in most cases the proper stock vaccine will be found sufficient.

In cases of pneumonia, when the patient is first taken sick with the chill, and before rusty sputum appears, a mixed pneumococcic vaccine, containing the pneumococcus, streptococcus and staphylococcus, was used in my cases. I commenced with one-fifth of a cubic centimeter, and then, if I did not get any results, the next day I gave two-fifths of a cubic centimeter. In these doses it has modified the disease from a severe case to one of mild type, and at the present time I would not think of treating a case of pneumonia without using the vaccines.

To summarize: First, the bacterial vaccines are not dangerous if employed with the same care and judgment that a physician should use in the administration of any drug in the pharmacopeia. Second, the bacterial vaccines are used with facility, as not one case of abscess has developed. Third, as to cost. If purchased in the regular way on the market, cost is about 25 cents per dose; if the physician has a large practice he can buy the 20 c. c. bottles and fill his own syringes to carry with him, and bring the average cost for each injection down to 8 or 10 cents. Fourth, that a physician has not done his full duty by this patient as a doctor of medicine unless he has used the bacterial vaccines in conjunction with other methods of treatment.

Accidents and Deaths from Exploratory Puncture of the Pleura.

Surgery, Gynecology and Obstetrics, December, 1911.

This is one of the most exhaustive studies of the subject we have seen and for that reason we take pleasure in presenting a summary in this issue of the Journal.

Summary and Conclusions.

Among the accidents which have been recorded as resulting from simple exploratory puncture of the pleura, a fatal outcome has been noted as a result of pneumothorax, puncture of a hydatid cyst, perforation of the diaphragm, stomach, liver, and spleen, hæmorrhage from an intercostal vessel or the lung and pleural reflexes.

The records of about twenty thousand consecutive admissions to the medical wards of the New York Hospital include one case of breaking of the needle in the chest wall, three of subcutaneous emphysema, one of puncture of an abscess of the lung followed by septic symptoms, four of hœmoptysis, one of puncture of an aortic aneurism, one of syncope, and one of death after sudden onset of grave cerebral symptoms.

From the histories of these cases and from a review of the literature, including twenty-one cases of pleural reflexes, and excluding from consideration all accidents resulting from aspiration, it is seen that:

1. *Breaking of the needle* involves the danger of the presence of a foreign body. Its prevention demands only ordinary care and skill and restriction of movement of the patient.

2. *Localized pleurisy* can not be prevented, but the pain may be relieved by strapping or local applications of heat.

3. *Subcutaneous emphysema* is rarely productive of more than slight discomfort and perhaps an alarming appearance, unless accompanied by cellulitis. It can not be prevented, but rarely requires treatment. As a complication of pneumothorax, it may even act as a safety valve, hastening resorption of air.

4. *Pneumothorax* can not always be avoided. Its importance depends upon the physical condition of the site of puncture as regards the possibility of spontaneous closure of the puncture, and upon the condition of the patient.

5. *Infection of the pleura* from without may be prevented by aseptic technique and its occurrence is probably comparatively infrequent. That from foci of infection within the body cavity can not be avoided. If empyema results the treatment is surgical.

6. *Puncture of a hydatid* cryst of the lung is a rare but serious accident. Radiographic examination might show a shadow whose rounded outline would suggest the presence of a cyst rather than a pleural effusion and favor exploratory incision rather than puncture.

7. *Puncture of the diaphragm* with peritoneal infection from an intrathoracic focus may sometimes be avoided by radiographic determinations of the level of the diaphragm.

8. *Prevention of perforation of the heart, stomach, liver, or spleen,* with possible infection or hœmorrhage calls for reasonable care as to the site and depth of puncture. Its occurrence, if the results are serious, demands an early diagnosis, and immediate surgical treatment.

9. *Perforation of an aneurism* of the descending aorta submerged by fluid, as in the case recorded, and giving no definite signs, can be avoided only by puncturing as far as possible from the median line. In the reported case this would have been beyond the posterior axillary line.

10. *Haemorrhage from an abnormally placed intercostal vessel* can not be foreseen. Sudden increase of pleural effusion with symptoms of internal hæmorrhage or profuse bleeding from the site of puncture requires incision and ligation. *Haemorrhage from the lung* is shown by study of the twenty-one cases to occur most often in cases of consolidation; 33 1-3 per cent. of these resulted in death. Unnecessary movement of the needle within the chest should be avoided.

11. *Albuminous expectoration,* which usually occurs only after withdrawal of a pleural effusion, has resulted from puncture, being probably due to reflex vasomotor changes.

12. *Pleural reflexes: cardiac or respiratory failure, convulsions, coma, paralyses, etc.* These result from stimulation of branches of the vagus nerve, probably in the visceral pleura, but possibly in the lung. These accidents occur most often (at least 76 per cent.) in cases with consolidation of the lung, usually due to a chronic inflammatory process.

The precautions in performing exploratory puncture of the pleura which analysis of twenty-three cases of accidents due to plural reflexes suggests are: (1) Avoid moving a patient with pneumonia or pleurisy with effusion, especially from the recumbent to the sitting posture. (2) Avoid turning him on the sound side. (3) Avoid excitement before the operation. (4) Use as small a needle as will suffice and avoid all unnecessary shock, as this is badly borne by cases of pneumonia [Anders (79)]. A small trocar inserted through the skin incision may be safer than a needle, as it is less likely to lacerate the visceral pleura and lung. It should be introduced only far enough to obtain fluid. (5) Never use the exploring needle as a labor-saving device if a careful study of physical signs will suffice (6) Puncture cases with probable consolidation only when a definite indication for diagnosis or treatment exists, e. g., the probable presence of pus as shown by the temperature curve and increasing polymorphonuclear leucocytosis, or extreme and increasing signs of fluid indicated by displacement of the appex beat or by respiratory embarrassment. In a case beginning as a definite lobar pneumonia it is often more conservative to wait until after the crisis before exploring, unless the symptoms suggest the necessity for early operation if pus should be found. In such a case rapid resolution may remove the signs which simulate fluid. If the signs are such, however, as to prevent a clear diagnosis of the intrathoracic lesion, and empyema is suspected, explore without delay, especially in children. More lives are probably lost by delayed diagnosis of empyema than by all the accidents due to exploratory puncture of the pleura.

No chronic bone swelling should be subjected to operation without excluding syphilis.—*American Journal of Surgery.*

The Bearing of Pneumonia Considered as a Special Malady Upon Treatment.

From Journal Arkansas Medical Society.

H. A. Hare, in the *Pennsylvania Medical Journal,* November, 1911, after discussing the importance of a study of the relative ratio of pulse rate and blood pressure, says:

"It must not be forgotten that croupous pneumonia is, in a large number of cases, a true terminal infection, a means by which nature brings an end to a diseased person just as the organisms of putrefaction or beetles destroy his remains if left exposed after death, after disease has sapped his powers of resistance. If that man lived in a wild state his physical feebleness would result in death, because of his inability to get food or protect himself from wild beasts. In the civilized state others feed him and protect him from wild beasts of great size, but they cannot protect him completely from a wild beast called the 'pneumococcus,' against which, in his younger days, he was well protected by phagocytes and all the other protective processes of the body. But, as we all know, age or years of life, except they be fourscore, is not so important a factor in prognosis and treatment in pneumonia as is senile change at any age. How often do we see a man of eighty with soft vessels, fairly good urine, and a good heart, and how often we see a man at forty-five or fifty with bad vessels, bad urine, and every evidence of cardiac impairment and vascular fibrosis. Alcohol, syphilis, or a series of severe maladies or injuries may have prematurely aged him, and so at fifty, all his powers of resistance may be far less than in another man at eighty, their actual ages in years having nothing to do with their actual state as to tissues and cells. In other words, all the antecedents of the patient as to inheritance, disease and habits are to be considered in reaching a

prognosis and determining treatment. Or, to put it differently, given a patient who is fairly young as to years and fairly clean as to his previous history, let him be stricken by pneumonia by reason of the attack of a host of pneumococci, let him show for a time a normal ratio as to pulse and blood pressure, and let him develop a dangerous approximation of the rate and pressure, and he has a 'factor of safety,' to use a mechanical term. It is possible for us to call into play reserve energy and reserve vital resistance and to promote recovery. On the other hand, if the rate and pressure ratio is normal, yet age or disease, such as syphilis, Bright's disease or diabetes, is present, this factor of safety is missing, and, to use Whittier's lines, he is

> "'A singer of a farewell rhyme
> Upon whose outmost verge of time
> The shades of night are falling down.'

"Time does not permit me to go into details as to treatment. There is no treatment of pneumonia, but there is treatment of the patient who has pneumonia, and, as just pointed out, this will vary in every case. Nor should any physician plume himself on great skill if his patient gets well, or into the slough of despond if his patient dies, if, on the one hand, a frank pneumococcic infection recovers, or, on the other, an insidious infection causes death. It is only when recovery takes place in the face of a small factor of safety that great credit is due the physician. In all cases, as I have said elsewhere, the physician should be a watchman all the time and a therapeutist in the sense of a drug giver only when active need arises. Let the patient get well, help him as he climbs the tree of life if he hesitates and seems as if to fall, but do not boost him up the tree so fast that he cannot get hold of anything, exhaust him by overboosting, and have him fall back into the grave just as he is near the top of his climb.

"In some cases of pneumonia, so far as the activity of the physician is concerned, it would be well if Beddoe's description of Skoda held true. Beddoe says that Skoda 'had the reputation of despising drugs, but that was really not the case; the fact was that he used them only when the indications for their employment were distinct, but not as a matter of routine. Thus, standing at the bedside of a fine, vigorous, young peasant, he would say, Gentlemen, this patient from acute left pneumonia suffers. Some in such a case would mercury exhibit; others tartarized antimony would employ; but seeing that this man well constituted is, and well nursed and cared for will be, it is to be expected that he, without any of these drugs, perfectly well and that in short time will become. Wherefor (to his assistant) Herr von Speckhausen, recipe, etc. And he would proceed to order a solatium of diluted raspberry syrup.'

"On the other hand, like Skoda, each of us should recognize the conditions under which active medication is essential, and fearlessly employ the drugs which are needed to meet the needs of the patient."

From the Lay Press.

New Sanatorium Will Be Built.

The State, December 7.

Dr. C. F. Williams has purchased a beautiful country site of 70 acres, three miles northeast of Columbia, and it is his intention to erect, in the near future, a modern sanatorium for the care of tuberculous patients.

There is no doubt but that such an institution at Columbia will meet a long felt need in this vicinity and throughout the State. General hospitals do not admit patients suffering with tuberculosis, and in order for them to get sanatorium treatment, they have to go North or into

the mountains, where they frequently suffer from the extreme cold, which they are not accustomed to.

In speaking of the climate treatment of tuberculosis, Dr. Williams said last night that the climate is not now regarded as such an important factor as it once was, but that no better climate can be found anywhere than in the pine covered sand hills. Columbia, Aiken and Camden have been long recognized as suitable places for those with weak lungs, and physicians of the North send many of their patients to these places for the winter, in order to avoid the extreme cold of the northern climate.

Dr. Williams' sanatorium will be modern in every detail, embracing all the latest features in sanatorial construction. During his stay in Europe last summer he visited many sanatoria, and made special study of their construction and management.

Plans are now being made, and it will not be long until Columbia will have added to her already splendidly equipped hospitals one especially suited for the treatment of tuberculosis.

Plans Hospital for Kershaw Poor.

The State.

Camden, January 3.—Special: In spite of the cold, drenching rain this afternoon, there were forty members present at the chamber of commerce meeting. Several important matters were taken up during the afternoon, the most important matter being a speech of Dr. W. J. Burdell. Dr. Burdell told of the money and property that his father, the late Capt. John Burdell, left to establish "The John Burdell Memorial Hospital for the Elevation of the Poor of Kershaw county." Dr. Burdell said that the property left for the hospital by his father would amount to be between $50,000 and $75,000. He said that it was the intention of the trustees to request the citizens of the county to contribute about $20,000, and the trustees to contribute a like amount for the erection of a hospital building, and to let the remainder of the estate stand as an endowment to the hospital. Several members of the chamber made short talks in reference to this generous bequest, and a central committee of five and a subcommittee of four, will be appointed by the president of the chamber to look into the matter of raising the money at once.

The members said that they thought that the county and city should make appropriations in connection with the fund raised by the citizens. Dr. Burdell said that there was no reason why the buildings should not be completed within the next twelve months. He said that the trustees desire about three buildings erected, and that they be erected with a view of enlarging them. The three buildings are the buildings for white patients, a building for negro patients and a nurses' home.

Physician Staff of Hospital Selected.

Greenville Daily News, December 28, 1911.

Anticipating the opening of the city hospital on next Monday, the Board of Governors of the hospital met yesterday morning and elected the corps of physicians and surgeons, who will have charge of the patients of the hospital. All physicians residing in the city, who are members of the County Medical Association, were chosen to have charge of the general medical work of the hospital. This list will include some twenty-five or more physicians. Drs. Carpenter, Mauldin and Jervey were elected as the eye, ear, throat and nose specialists. Drs. C. B. Earle and W. C. Black were elected to fill the positions of surgeons. Dr. R. W. Wilson will have charge of the pathological work of the hospital.

After the corps of physicians was

elected, letters were addressed to the various physicians to find out whether they desired to qualify for the hospital work. It is thought that all the physicians will be glad to qualify for the work, for the physicians of the city have been among the strongest supporters of the city hospital.

At the meeting of the governors, which was held yesterday, Mr. J. F. Gallivan was elected to the position of chairman of the board, succeeding Mr. T. P. Cothran, who retired from the position. Mr. Cothran was elected secretary to succeed the late F. F. Capers. Mr. Capers' successor as a member of the Board of Governors will be selected some time in the near future.

Following the announcement published in last Sunday's *News* to the effect that Drs. C. B. Earle and J. B. Earle, and Dr. W. C. Black will close down their respective sanitariums on the opening of the city hospital, and will send their patients to the city hospital, comes the announcement that the new hospital has purchased a great deal of the apparatus of Drs. Earle's and Black's sanitariums and will use this apparatus in the city hospital. A committee from the Board of Governors, consisting of Messrs. A. G. Furman and J. F. Gillivan, were appointed some time ago to purchase various articles which will be needed by the hospital. Because of the fact that the hospital was previously used as a private sanitarium, there is already a great deal of necessary furniture and other apparatus in the hospital building, but more will be needed to completely equip the institution. Satisfactory arrangements have been made with Drs. C. B. Earle and J. B. Earle, owners of the Greenville Infirmary on Richardson street, and Dr. W. C. Black, who operates the Black Sanitarium on East Washington street, to furnish various articles of furniture and other equipment to completely equip the city hospital.

The work of putting the final touches on the building is rapidly progressing under the direction of Miss Larney, the head nurse. The Board of Governors of the hospital have also been busy in the last few days completing arrangements for the opening of the building on next Monday. The members of the board were in conference for four hours yesterday.

Medical Society of County in Session.

Greenville Daily News, January 3.

Perhaps the most enthusiastic meeting of the year was held by the Greenville County Medical Society in the board of trade rooms on New Year's day.

Dr. L. O. Mauldin, the new elected president, gave a splendid inaugural address on the subject, "The County Medical Society—Its Duties and Its Purposes," during which he urged a better attendance, stated the high and unselfish purposes of the organization, and requested all members to work individually and unitedly at all times for the accomplishment of these purposes, especially those purposes tending to the conservation of health of the people of Greenville county.

At the close of his address important resolutions looking to public health were presented by Drs. Bailey, Gentry, Jervey and Furman, in which the city council was asked to appropriate the full amount requested by the Board of Health for the year 1912, for public health improvement. This resolution was made strong, and carried with it the signature of every physisian present.

Important committees were appointed, viz.: Committee on Public Health and Legislation consists of Dr. C. W. Gentry, F. Jordan and W. M. Burnett. Committee on Credentials consists of Drs. J. E. Daniel, T. W. Bailey and R. E. Houston.

A resolution in the interest of public health from the County Medical Society is one of tremendous importance to the public, and will no doubt be given a hearing commensurate with the spirit in which it originates, viz.: that of usefulness.

Saluda Doctors Meet.

Daily Record.

Saluda, December 5.—Special: The regular annual meeting of the Medical Association of this county was held in the courthouse at noon Monday. The following physicans were present: F. G. Asbill and D. B. Frontis, Ridge Spring; J. S. Black and P. M. Connor, Delmar; C. H. Blake, Huggins; S. M. Pitts, Big Creek; W. Price Timmerman, Batesburg; O. P. Wise and J. D. Waters, Saluda.

An interesting paper on an interesting and important subject was read by Dr. Timmerman. The discussions of various topics followed. The following officers were elected for 1912; S. M. Pitts, president; P. M. Connor, vice president; J. D. Waters, secretary and treasurer.

Dr. Connor was elected a delegate to the State Association, which meets in Columbia in April of next year, with Dr. Walters as alternate.

At the conclusion of the business session Dr. Walters and Dr. Wise of this town invited the entire body to the Herlong Hotel, where an excellent dinner was served.

Sumter Medical Association Officers.

News and Courier.

Sumter, December 19.—Special: At the regular annual meeting held recently in the office of Dr. E. R. Wilson, of this city, the Sumter Medical Association elected officers for the ensuing year, the election resulting in the following officers being chosen: President, Dr. W. E. Mills; vice president, Dr. C. J. Lemmon; secretary and treasurer, Dr. E. R. Wilson. Besides the election only matters of routine were discussed.

A troublesome "erosion" of the cervix may disappear without any other treatment than the replacement by pessary of a coexistent retroflexion. — *American Journal of Surgery.*

PURE ETHER FOR ANÆSTHESIA.

Notwithstanding the introduction of several new agencies, ether continues to be the favorite anæsthetic with most surgeons and hospitals, at least in this country, and it is said to be gradually growing in favor in England and elsewhere abroad.

One of the makes attracting prominence at present is that of the "P-W-R" brand, which is of U. S. P. standard and especially prepared to meet the exacting requirements of surgical practice. This brand is the product of the well-known manufacturing chemists, Powers-Weightman-Rosengarten Company, Philadelphia, New York and St. Louis.

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South Carolinian Succeeds Late Walter Wyman.

Daily Revord, Columbia.

Washington, January 5.—President Taft will send to the Senate Monday the nomination of Dr. Rupert Blue, of South Carolina, to be surgeon general of the Public Health and Marine Hospital Service, succeeding the late Walter Wyman.

Dr. Blue has been connected with the Marine Hospital Service for years, and is credited with driving the plague out of San Francisco.

In announcing the appointment of Dr. Blue, President Taft also gave notice that hereafter the term of service of the surgeon general of the Public Health Service shall be limited to four years. An amendment to the regulations to this effect will be made. Formerly a surgeon general had an unlimited tenure of office.

Dr. Blue's appointment was made after several weeks' consideration by the President and Secretary of the Treasury, MacVeagh.

Dr. J. A. White, of New Orleans, also a surgeon in the service, was a close competitor in the race. Both men had records of distinguished service, but the work which Dr. Blue did in ridding San Francisco of the bubonic pleague helped to decide the matter in his favor.

Dr. Blue's promotion to the head of the noble corps of "workers for the common good," who compose the Public Health and Marine Hospital Service, will give great pleasure to his friends in South Carolina. He is from Marion, the talented writer of that city, Miss Kate Lily Blue, being his sister. Dr. Blue won international fame by twice stamping out epidemics of bubonic plague in San Francisco, and by his heroic services in the fight against yellow fever at New Orleans. He and his brother, Lieutenant



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DR. L. G. CORBETT, Greenville, S. C.

Commander Victor Blue, U. S. Navy—who was advanced five numbers in rank for extraordinary heroism, shown during the Spanish-American war—have very warm friends and many more admirers in their home State.

"Who's Who in America," 1910-11 volume, says of Dr. Blue:

"Rupert Blue, sanitarian. Born Richmond county, N. C., May 30, 1867, son of John G. and Annie M. Blue, brother of Victor Blue; educated University of Virginia, 1889-90; M. D. University of Maryland, 1892 (D. Sc. 909); unmarried. Interne, 1892; assistant surgeon, 1893; passed assistant surgeon, 1897. Surgeon, 1909, U. S. Public Health and Marine Hospital Service. Served at Cincinnati, Galveston, Charleston, San Francisco, Portland, Ore., Milwaukee, Genoa, Italy, New York, Norfolk and New Orleans; was in charge of operations in eradication of bubonic plague in San Francisco, 1903-04; served through the epidemic of yellow fever in New Orleans, 1905; director of sanitation at Jamestown Exposition, 1907; director second campaign against bubonic plague, San Francisco, 1907-08. Address, Bureau of Public Health and Marine Service, Washington."

Hospital for Union.

Daily Record.

Union, December 20.—Special: Union is to have a private hospital, and it is to be opened soon.

It will be established by Dr. Theodore Maddox, one of the leading physicians and surgeons of this city, and will be in the residence formerly occupied by Mr. B. F. Arthur, who recently moved to Winchester, Va.

The hospital will be equipped with all modern conveniences, and Dr. Maddox has engaged the services of two trained nurses, well known in Union. The lower floor will be devoted to rooms for the patients, while Dr. Maddox and family will occupy the upstairs.

For some time there has been talk of a city hospital, and a lot was purchased several years ago, but as yet no steps toward the construction of the building have been begun, so this much needed institution will fill a long felt want.

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PHYSICIANS' SUPPLIES A SPECIALTY

Journal South Carolina Medical Association

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ANNUAL SUBSCRIPTION, $2.00. EDGAR A. HINES, M. D., Editor, Seneca, S. C.

The Journal is published monthly under the auspices of the South Carolina Medical Association. Original articles are solicited. Members who do not receive their copies will please notify the Editor. Correspondents and Secretaries of County Societies are urgently requested to send reports of their meetings and items of news that may be of interest to the profession to the Editor. All articles should be typewritten. Illustrations sent with articles will be printed. For prices of reprints see advertising pages.

All matters must be in the hands of the Editor by the 30th of each month.

Proofs of all original articles appearing in the Journal are revised and corrected by their authors. The Journal is in no sense responsible for expressions in original articles.

Business communications relating to subscriptions and advertising should be addressed to JOURNAL SOUTH CAROLINA MEDICAL ASSOCIATION, Seneca, S. C.

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Editorials.

The District Association.

The editor has attended two of our district associations recently, and has observed that the sphere seems to be enlarging for their usefulness. The men who go to these meetings appear to be in earnest. The papers read, as a rule, are high class, having been well prepared and usually upon subjects of vital importance to the busy doctor. Many physicians who rarely attend the State Association find the district meeting valuable. They usually can spare a half or one day for the district association. With little loss of time, trivial expense and a short, pleasant journey it will necessarily appeal to the older men in the profession. Two of the papers presented before these district meetings appear in this issue. Anesthesia is a subject of perennial interest. It is only in recent years that papers dealing exclusively with anesthesia have frequently been read before the average medical society. It is only recently that any special effort has been made to teach the best and safest methods of administering anesthetics in our medical schools. The discovery of anesthesia led to the first great advance in surgery. Antisepsis and later asepsis marked the next great step forward. A few men have been all the while engaged in the search for more desirable anesthetics. Probably less than a decade has been given to exhaustive studies of the subject. It is highly important that these observations be considered by the county and district societies for the busy general practitioner should be encouraged in research work. There are an increasing number of those who concede that, that quiet, unassuming country doctor, Crawford W. Long, of Georgia, was really the discoverer of ether anesthesia. The methods and the anesthetics which appear to be the safest today lack much in practicability for use by the rank and file of general practitioners. The apparatus is too complicated and special skill is necessary on the part of the administrator. Chronic appendicitis deserves more than superficial notice. Possibly the most exhaustive work on the Vermiform Appendix and its Diseases in this country

was that by Kelly and Hurdon in 1905. It is a volume of nearly one thousand pages, going thoroughly into the history of the subject. That chronic appendicitis has received scant notice in the very recent past is evidenced by the fact that barely one page in that great work is devoted to the subject. No organ in the body has probably received so much attention in the same length of time as the vermiform appendix, the first operation being accredited to Krönlein, of Germany, in 1884.

Committee on Collection and Preservation of Records of State Association.

The House of Delegates last year authorized the appointment of a committee on the collection and preservation of our records.

There is absolutely no official file anywhere of our sixty odd years of scientific work, and yet this period covers much more of the advancement of medicine and surgery than centuries preceding. Even The Journal having led such a peripatetic existence has no file older than one year. There should be two complete files at least. One for the secretary's office and one for some public library, to be agreed upon, accessible to the profession of the State.

The committee consists of the following:

Dr. E. A. Hines, Seneca, S. C., chairman.

Dr. Bobert Wilson, Jr., Charleston, S. C.

Dr. C. P. Aimar, Charleston, S. C.

The committee will greatly appreciate information and assistance from any source in this important undertaking.

New Members.

The campaign for new members and the reinstatement of suspended ones by the officers of the association, is bearing fruit. Referring to the minutes of the House of Delegates last year 540 were in good standing April 18th. A conservative estimate will probably show an increase of 100 or more this year.

Provisional Program for Annual Meeting State Association.

The call for titles of papers has been sent out by the secretary. It is earnestly requested that these all be in before March 10th so that the provisional program may appear in the March Journal.

Original Articles.

Infantile Scorbutus.*

By William Weston, M. D., Columbia, S. C.

In the whole range of pediatrics there is no nutritional disease that is more interesting, nor one for which we can do more brilliant service. It is a constitutional disease, due distinctly to faulty nutrition.

Etiology.

Our knowledge of this disease is due mainly to the investigations and writings of two English physicians, Cheadle and Barlow. The former publishing his cases in 1878, the latter publishing in 1883 so exhaustive and complete a work that little has since been added to our knowledge of the subject. In recognition of this work the disease is generally known in Europe as Barlow's Disease. To these two authors especially is due the credit of differentiating between infantile scorbutus and rickets, a disease with which it is sometimes associated.

America, however, has contributed her share of investigation upon the subject. In the report of the American Pediatric Society's Collective Investigation of In-

*Read before the South Carolina Medical Association, Charleston, S. C., April 19, 1911.

fantile Scorbutus, published in 1898, embracing 379 cases by 138 observers, is found much interesting and valuable data, especially upon the etiology of the disease. From the data furnished by this investigation proprietary infant foods head the list, as an etiological factor, with 214 cases; sterilized milk next, with 107 cases; condensed milk next, with 60 cases; pasteurized milk, with 20 cases. Twelve ocurred in children that were entirely breast fed. An examination of the milk in these cases showed marked deficiency in the necessary food elements. Diet is unquestionably the most important etiological factor in the disease. It is a mooted question as to whether or not infantile scrobutus is the result of the absence of some essential element in the diet or the presence of some scorbutic element.

The theory of the presence of some scorbutic factor of the nature of a ptomaine present in the food has some distinguished adherents, but the preponderance of evidence points to the probable correctness of the theory of an absence of some essential element in the diet, and the adherents of this theory point to the indisputable fact that whatever the food the child may be taking, if potato gruel and fresh beef juice be added to the same diet, and no medicine given, the child will speedily recover. Should, however, these new elements be withdrawn and the diet not otherwise changed, scurvy will recur.

In regard to sterilized milk as a causative factor there remains quite a difference of opinion. Rotch says that in his experience there is no evidence that sterilized milk is a cause of scorbutus. He evidently believes that where the disease occurs in children who are fed upon sterilized milk that the fault lies in the improper composition of the food.

Robert Hutchison, quoting Corlette, says that raw milk contains a considerable quantity of citrate of lime in an amorphous and soluble form, its solution being aided by the presence of phosphates, and that boiling milk converts the amorphous into the crystalizable form of the salts which is less soluble and separates out. Boiling also causes the milk to become poorer in citrates.

Star and Griffith both believe that sterilized milk is an important factor in the causation of the disease. Fischer says that prolonged sterilization devitalizes milk. Holt says he has seen cases promptly recover when no other change was made than to discontinue the heating of milk.

It must be remembered that none of the authorities quoted disapprove of sterilized milk under certain circumstances and over short periods of time, but the danger they think lies in the prolonged sterilization of milk over a long period of time.

The child's age is an important etiological and diagnostic factor in this disease. Fischer says that the disease rarely occurs before the sixth month. Holt says that four-fifths of the cases occur between the sixth and fifteenth months, half of them between the seventh and tenth months.

Morbid Anatomy.

The pathology of infantile scurvy is characterized by a tendency to hemorrhages, especially subperiosteal hemorrhages of the long bones. Rotch says most commonly the femora. Sometimes these hemorrhages are so great that they produce separation of the epipheses and a condition known as proptosis—a bulging forward of the eye ball from an extravasation of blood behind. It is doubtful whether any changes occur in the blood peculiar to scorbutus.

Symptoms.

It is very important that the disease be recognized early before the symptoms are well marked. The disease commences by the child becoming irritable and fretful, wakeful at night and progressively

anæmic. It loses its appetite, and its weight gradually decreases. It objects to being handled because of pain in the limbs. As the disease advances the child's facial expression is one of extreme apprehension. If anyone approaches it or tries to handle it, it will cry out. The legs are held motionless to prevent pain. This often gives rise to the fear that the child is paralyzed. Just before the epiphyses there are present swellings. These swellings are most common and prominent in the legs, but may appear in the bones of the forearm. They are tense, but not fluctuating, and are extremely sensitive to touch. Over the swollen areas may be seen blue-black maculæ, which tend to spread until quite a considerable sized spot results. This symptom, along with separation of the epipheses which sometimes occurs, and the fact that children thus affected have frequent falls, often causes a mistaken diagnosis to be made, dislocation or fracture being suspected.

An inspection of the mouth reveals an interesting condition—the gums appear purple, spongy and swollen, and bleed upon pressure. Holt says a most striking feature are the dark, purplish bags which form over the teeth about to be cut. There may be bleeding from the entire surface of the mouth resulting in vomiting of blood swallowed, or its passage in the feces.

Hæmaturia also occurs in some cases. Proptosis only occurs where the disease is advanced and severe. Fever is an inconstant and unimportant symptom. The child with a well developed case of infantile scorbutus is truly a pitiable sight.

Diagnosis.

The diagnosis of infantile scorbutus does not offer any serious difficulties if the symptoms of the disease are kept in mind. It is probably most often mistaken for rheumatic fever. Robert Hutchison, who now holds the position at Great Ormand Street Hospital, London, formerly held by both Cheadle and Barlow, and whose wide experience entitles his opinions upon this and other diseases of early life to the greatest respect, says that rheumatism does not occur in children under one year of age. The pain and tenderness of the legs only should suggest scurvy, rather than rheumatic fever.

Infantile paralysis, beginning with hyperæsthesia of the limbs, might be mistaken for infantile scorbutus, but that disease is seldom seen under one year of age, and the acute tenderness should here again set us right.

When the separation of the epiphyses occurs in infantile scurvy it is occasionally mistaken for a dislocation, the result of injury, but the other symptoms of the disease, which are invariably present when separation of the epipheses occurs should direct us right. The same line of reasoning will hold good also in distinguishing infantile scorbutus from infantile atrophy and from general tuberculosis.

The distinguished author, Dr. Robison, whom I have just quoted, urges that when there exists a reasonable diagnostic doubt between infantile scurvy and another disease which closely resembles it, that the treatment for infantile scorbutus be at once instituted and watch results.

Prognosis.

The prognosis of this disease is invariably good when recognized and prompt and correct treatment instituted. Relapses in this disease are very uncommon.

When the disease is allowed to continue untreated the child invariably dies of inanition, sudden heart failure or some intercurrent disease.

Treatment.

Change of diet is the first indication. Raw milk is said to be curative, without further treatment. However, it is a well established fact that orange juice is almost a specific. Fresh beef juice is most

helpful. Potash salts are highly recommended, and perhaps the best way to administer them is by taking the mealy portion of white potato, which has been baked in the skin (the portion immediately under the skin), and rubbing it into a paste with milk, administer it stirred in milk.

In a lecture once delivered by a celebrated physician, he has this to say in regard to the treatment of infantile scurvy: "There is absolutely nothing in the whole range of therapeutics more striking than the effects which you will get from a radical change of diet in infantile scurvy, and there is nothing in regard to which you will deserve or obtain more credit in practice. But, on the other hand, there is nothing in regard to which, if you fail to recognize the condition, you will deservedly get more blame, because it is a disease which is quite within the compass of medicine absolutely to cure, if it only be recognized."

Discussion.

Dr. J. C. Sosnowski, Charleston:

Mr. President, I think a paper like this is too valuable to go without discussion. The majority of us see cases every year, and very few of us recognize these cases when we see them. The symptoms are not always as Dr. Weston outlined them, because, like most diseases, the average case is not the textbook case, and it is sometimes mistaken for some little fall the mother may think the child has had, or some other cause. In many cases of malnutrition a physician should recognize that he may have a case of infantile scorbutus to treat. The treatment is so simple that the therapeutic test may be applied to almost every case.

One of the first cases I ever saw was a little child suffering with scurvy, and it happened to be in July, and I put it on watermelon juice, and in three days' time the child was well.

I think Dr. Weston's paper ought to be more generally kept in mind by all of us.

Dr Weston:

Mr. President, I would just like to say this: There is one symptom of this disease which is pathognomic of the disease. Just above the joint on the shaft of the bone there is a swelling and tenderness, and if that is kept in mind I do not see how a mistake can be made. Of course, it is frequently taken for rheumatic fever, and it is not unusual to see cases in hospitals come to the clinic with the swollen part painted with iodine, which, of course, is the worst thing that can be done. You have in children three manifestations of rheumatic fever, which are almost unmistakable—the heart manifestations, chorea, and the pain in the joint—not above the joint.

Dr. T. E. Wannamaker, Cheraw:

I recently saw a child in the Jefferson Hospital in Philadelphia with pernicious anæmia. This child died, and I witnessed the autopsy. The father of the child being present insisted upon search being made to explain the cause of a severe pain above the knee, which occurred during the last part of the illness. Since Dr. Weston mentions an apparently similar pain occurring in scurvy, I would like to ask his explanation as to the cause of the pain.

Dr Weston:

I would answer that question in this way: If the child had infantile scorbutus, it was due to the extravasation of blood under the periosteum. The periosteum rises because of the extravasation of blood under that membrane.

Tuberculosis of the bones developes in the epiphyses or the joint synovia. An inflammatory lesion in the shaft of a long bone is never tuberculosis.—*American Journal of Surgery.*

A Plea for Early Diagnosis and Treatment in Acute Appendicitis.*

By S. E. Harmon, M. D., Columbia, S C.

I am very sorry I haven't anything new to offer you, but we can never learn our lesson too well, and to my mind appendicitis is one of the most important diseases we have to deal with. The anatomy of the appendix, in brief, is as follows: The appendix situated in the abdominal cavity attached to the head of the cecum, the base being at a point midway on a line drawn from the umbilicus to the anterior superior spinus process of the ilium on the right side of the abdomen commonly called McBurney's point. The appendix varies in length from a mere stub, one-half inch in length, to six or seven inches long. I remember removing one a few years ago measuring seven inches in length. The tip end usually points slightly to the left in the direction of the spleen, but not always. Bear this in mind, for just here is where a great many men make their mistake; it may point in the direction of the right kidney or liver or stomach or down in the pelvis, being attached to the right ovary or tube or uterus, or, as I have found it a few times, lying in an inguinal hernia canal, and in very rare cases it may be found entirely on the left side. So much for brief anatomy.

I will now take up some of the most important symptoms: The first symptoms ushering in the attack is pain usually situated in the epigastrium, with some degree of general tenderness over the entire abdomen. In some cases the pain is located directly over the appendix. The pain is usually accompanied with nausea and vomiting. We have rigidity of the right rectus muscle varying from a slight rigidity to the board like feel of the entire abdomen. The patient is generally constipated, but not in all cases. I have seen the reverse several times.

Pain coming on usually in the epigastrium with general tenderness over the entire abdomen, will usually locate in the right iliac fossa under McBurney's point, in from 6 to 24 hours, which can be easily mapped out by gentle or deep pressure varying, of course, according to the severity of the individual case. Finding this to be the tenderest point with some degree of muscular rigidity, unless, as I have stated heretofore, that the appendix may have migrated, then the point of the greatest tenderness on pressure will be in one of the many locations where the diseased organ may be found. Mr. Chairman and gentlemen, I have long ago learned not to lay very much stress on pulse rate, neither temperature curve; if you do, they will often mislead you. For instance, I have several times operated on cases in almost apparently normal condition with temperature 99 to 100, pulse 88 to 100, facial expression good, and upon opening the abdomen find a gangrenous or perforated appendix, or an appendix so swollen and tense that rupture meant only delay of a very few hours. Mark you, a patient going on the table with an attack of appendicitis of less than 24 hours standing with pulse and temperature as I have stated, and finding the condition of things as I have given you, is enough to make anyone that has seen a few such cases, as I relate, treat pulse and temperature with very little concern. The two cardinal symptoms in my judgment are: First, pain with muscular rigidity, with general tenderness over the abdomen, lasting for a few hours, becoming localized at McBurney's point, in from 6 to 24 hours, is all the symptoms we need to make a diagnosis. Any practitioner of medicine ought to be able to diagnose acute appendicitis in the majority of cases within 24 hours. I grant you, you will find a case now and then that cannot be diagnosed, clean and clearly, but even

*Read before the Lexington County Medical Society, at its Annual Meeting, October 2, 1911.

then, we can have in mind the appendix and make a diagnosis and place a question mark after it. The diseases most often confounded with appendicitis are: gallstone colic, kidney colic, obstruction of the bowels, floating kindey, perforation of some of the abdominal viscera. In the female, a right-sided pelvic condition, either an ovaritis, salpingitis or ectopic gestation, intestinal obstruction. In differentiating these conditions we find in gall-bladder troubles pain over the gall-bladder radiating upward and backward toward the shoulder, may or may not have jaundice. In kidney colic, pain commences in the region of the kidney, and continuing down the course of ureter, causing frequent desire to urinate; not so in appendicitis, unless the appendix may be attached to the bladder. Floating kidney can easily be differentiated by careful palpation with the patient in different positions, mapping out the loose kidney, though we have a chronic appendix in about 50 per cent. of all floating kidney cases. In perforation of the abdominal vicera we have some previous history to guide us in making the diagnosis. In right-sided female pelvic conditions they can usually be differentiated by careful vaginal with external examination. Should intestinal obstruction appear in the right iliac fossa, it is not always an easy matter to say which it may be, but the treatment is the same, and there is not any reason for any mistake to be made. We often hear the term, acute indigestion, used both by the professional and laity. Those two words cover a multitude of mistakes. Let's get away from that term and say there is no such disease. I grant you one may load their stomach up with a lot of material that will produce nausea and vomiting with some degree of tenderness or pain, but as soon as the stomach is empty they are relieved. This is not appendicitis. You often hear Dr. so and so say that so and so died of acute indigestion—impossible. That one term being misused and abused has cost many valuable lives that ought not to have been sacrificed. Let's all get to work, make intelligent diagnoses; call things by their real names, so we can inform our patients, their friends and relatives, what the real trouble is, and so we can advise the best treatment. Gentlemen, I cannot impress on you, one and all, to strongly the great importance in making an early and accurate diagnosis in acute appendicitis, for herein the main secret lies: Make the diagnosis in the first 12 hours, certainly in the first 24, and when that is done, then inform the patient that there is only one safe treatment and that is remove the offending organ. If they don't take your advice, they shift the responsibility from your shoulders to their own. If you are not prepared to operate, get your patient as quickly as possible to some good man who can, and you will save all your cases. There is only one time to operate, and that is just as soon as the case can be diagnosed. Now is the time, don't wait until tomorrow or for an interval operation, but now. Just as sure as you delay, just so sure are you to sacrifice lives that you ought to save. No one should ever die from appendicitis. Now, this may sound like a broad statement, or you may say a false statement, but it is as true as it is to say that the Lord created us all. I have never seen a case in my own experience, nor anyone else, where they were operated on properly in the first 24 hours prove fatal from appendicitis. Why? Because the field of operation is clean, we get in there before the infection extends beyond the appendix, we remove the infected issue, and the patient is well. By doing so we save the patient the risk of having a probable gangrenous or perforated appendix, terminating in a general or circumscribed peritonitis, endangering the patient to at least 50 per cent. greater risk, and probably terminating in death, while we can save a large per cent. of infected cases, no one can say how they are going to terminate.

Surgical Anesthesia and Shock.*

By S. C. Baker, M. D., Sumter, S. C.

General anesthesia from a surgical point of view means a suspension of the functions of the higher central centers. All parts of the brain do not cease to functionate at the same time, for then we would have death and not anesthesia.

The effect and object of an anesthetic during a surgical operation is twofold. First, to deaden sensation for the patient (relieve pain); second, to restrain his movements for the benefit of the operator.

General anesthesia, as you are well aware, has been produced chiefly up to this time by the inhalation of chloroform or ether, and local by the hypodermatic injection of solution of cocain or some kindred drug—of these more later.

Shock is a term used to denote a symptom-complex, with the several components, of which you are all quite familiar, and they need not be enumerated here. Practically it amounts to a serious and more or less prolonged depression of the vital forces, the result of an exhaustion or inhibition of the fundamental cerebellar centers, especially that one controlling the vaso-motor system. Exhaustion comes chiefly from hemorrhage or overexertion. Inhibition usually from physical injury (especially such as is accompanied by great laceration of tissue and by pain) or from profound emotion (usually fear in some of its forms).

Shock has long been the *bete noir* of the surgeon and no time spent in learning how best to avoid or combat shock during operation can be counted as time wasted.

Perhaps more systematic work along this line has been done by Dr. Geo. W. Crile, of Cleveland, than by any other man in recent years, and what I shall have to say will be largely drawn from his teaching and from the investigations I saw going forward in his physiological laboratory during the past summer.

In considering this subject there are one or two familiar structural and physiological facts to be borne in mind.

First, note the close analogy between the structure of the centro-spinal nervous system, with its central brain and outreaching nerve trunks, and that of a well ordered electric system with its central-energy plant and its insulated conducting wires. The brain seems to serve the body as a large storage battery of nervous energy, and when run down takes time to recharge. If exhausted too far it may never do so.

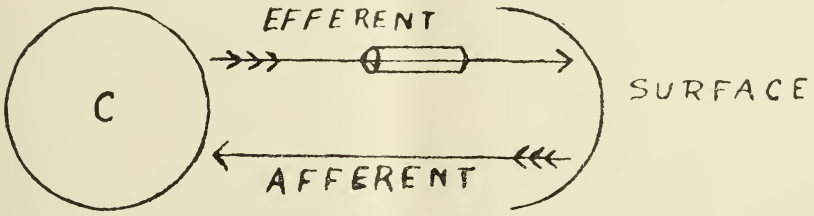
Second, note the intimate structure of one of these nerve fibers. If you will remember, it is made up of a central conducting core called the axis cylinder, surrounded by a white insulating substance known as the medullary sheath. In make-up it is much like the old-fashioned tallow candle, the central wick corresponding to the axis cylinder and the surrounding tallow to the medullary substance. Chemically the axis cylinder is highly charged with sodium salts, which favors nerve-impulse conducting, just as a saline solution favors the conduction of electric currents. The medullary portion is charged with potash salts which have been found to block nerve impulses.

The mechanism of transmission and blocking has been shown to be somewhat as follows: An impulse starts along a normal sodium-charged axis-cylinder towards the brain, we will say, bearing a message of pain. This conducting cord once set vibrating to such a note would, conceivably, continue to so vibrate indefinitely if something did not occur to stop it. The means to do this lies close at hand in the potash charged envelope of medullary substance, and so by some automatic action sufficient potassium is put in solution to infiltrate the conducting axis-cylinder and so block the impulses. Once blocked in this way a certain time must elapse for

*Read before the Second District Medical Association, Orangeburg, S. C., January 16, 1912.

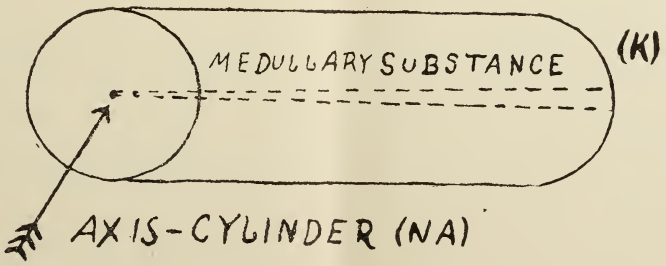
this potassium to be eliminated from the axis cylinder before it can functionate properly again.

Third, there are in the cerebellum certain ovoid multinuclear cells known as



Purkinje cells. By the employment of certain staining processes these Purkinje cells, under the microscope, show dark and granular and surrounded by a complete cell-wall in vigorous life, but with the same staining they show pale and broken after exhaustion from any cause, the degree of pallor keeping pace with the degree of exhaustion.

I saw in Dr. Crile's laboratories numerous slides demonstrating these facts: (1) A strong and healthy bull dog just at the beginning of a fight was taken and killed and his cells examined. They stained dark and perfect. Another killed at the end of a long and fierce battle stained pale and broken. (2) A stone mason in vigorous health was killed by a fall from a high building. His Purkinje cells stained dark and perfect. Another man dying of ptomaine poisoning, and still another of delirium tremens, and yet another of exhausting hemorrhage stained pale, and showed broken cell walls. (3) There was an experiment made with three rabbits, all of the same litter, and in the same physical condition at the beginning of the experiment. They were turned into an enclosure with a dog. In a few minutes one was caught and killed. His cells showed dark and perfect. A second was caught and put into a small compartment wired off from the large enclosure, but where he could see the dog chasing the third rabbit. After a long and exhaustive run the third rabbit was caught and killed. His cells were pale and broken. The second rabbit was then taken from the enclosure where he had been crouching all the time and frightened all but to death, and he was killed and his cells examined. His cells, too, were pale and broken, showing the effect of the psychic-impression (fear) upon the physical structure of the brain. The lesson is that all such depressive influences, as above recorded, that reach the brain, make an actual physical and demonstrable impression there, and



further experiments have shown that in profound shock similar effects are produced.

Fourth, in animal life, in the crude, harmful impressions are carried along afferent nerve trunks to centers in the brain where cognizance is taken and

whence impulses are reflected back to the surface along efferent channels. These afferent impulses warn the animal to withdraw the endangered part from harm. If the animal be not allowed to withdraw the part, but be held for example while its foot is being burned, it will exhaust itself in attempts to get away and the effect of these exertions will be registered upon its Purkinje cells.

To this protective apparatus there are thus three parts: (1) An afferent (sensory) conductor; (2) A receiving and sending center, and (3) An efferent (motor) conductor. A break in either link of the chain results in immobility, but not necessarily in freedom from effort or accompanying exhaustion.

As before stated, all general anesthetics bring about a suspension of the higher cerebral centers, especially that of memory. There is an early dissociation of memory in a patient subjected to chloroform or ether anesthesia, long before involuntary movements have ceased.

Now, by experiment, it has been found that chloroform, ether and alcohol, while causing unconsciousness and dissociation of memory, which is satisfactory to the patient from the point of immediate relief of suffering, have the effect of dissolving out the potassium in the medullary sheath of the efferent motor nerves and allow it to saturate axis cylinder and so inhibit motion, but they have little or no effect upon the afferent (sensory) fibers or upon the center. In other words, the patient is in the condition of the dog that is tied while being burned. The impression of pain passes along the sensory nerve to the center and is perceived, the center exhausts itself in repeated efforts to send back an impulse to the periphery telling it to seek safety in flight, but here the impulse is blocked. The patient finally awakes. He has felt it all. His Purkinje cells have been drawn upon, he feels weak after the operation, but remembers nothing of the steps of the ordeal. It can readily be understood why one does not recover rapidly from anesthesia from these sources (Chl-E & A) because time must elapse wherein to have potassium solution cease and nerve-cylinder contamination eliminated.

Bearing all the above facts in mind an effort has been made to avoid the dangers of these time honored anesthetics and the manifold disadvantages, and the problem seems to have been very nearly solved by a combination of three methods, which give almost perfect results. I refer to the recent employment of nitrous oxide (laughing gas) by inhalation, combined with oxygen, and administered by means of a special apparatus which allows of an admixture of the two gases in definite proportion. In addition to this, about one hour before operation a hypodermic injection of morphine, gr. 1-6, and scopolamine, 1-150 gr., is given and immediately before operation an intracutaneous and subcutaneous injection of a 1-400 solution of novocain.

The rationale of this method is this: The morphine and scopolamine dull the center and lull the fears of the patient, thus allaying two sources of shock. The novocain blocks a large amount of the sensory impulses traveling along the afferent track and does not allow them to reach the brain, and the nitrous oxide acts directly on the center, producing dissociation of memory and also so inhibiting the center itself as not to allow it to perceive afferent impulses. As a consequence it can not exhaust itself in fruitless efforts to send out warning messages to the periphery.

The mechanism of the action of the nitrous oxide is that the center requires oxygen in abundance to properly functionate. Nitrous oxide being poor in oxygen reduces its activity. In order that too much oxygen may not be cut off and life endangered the oxygen is continued with the nitrous oxide, and can be given pure if necessary. In practice I have seen the

gas given for three hours during an enucleation of tubercular glands of the neck. As soon as the operation was completed the nitrous oxide was turned off and pure oxygen turned on, and in less than three minutes the patient was wide awake, perfectly conscious and suffered no nausea. Crile has used this method more than 16,000 times, with greatly reduced shock, practically no post operative nausea and not a single death. The method is gradually spreading to all the medical centers, and is destined in a comparatively short period to almost entirely supersede the use of chloroform and ether in hospital work.

In conclusion. The surgery of the future will consider other points than primary union and deftness of manipulation. It will be characterized by exceeding gentleness of touch, considering first the feeling of the patient.

Remember, then, the sources of suffering and shock:

1. Be as cheering as possible to the paient, so as to allay fear.

2. Be as gentle as possible during operation, and so minimize sending impulses.

3. Use a local anesthetic to block afferent channels.

4. Use nitrous oxide (+ oxygen) to deaden receiving center, smother efferent impulses and save his Purkinje cells.

Manifestations of Chronic Appendix.*

R. S. Cathcart, M. D., Charleston, S. C.

The so-called obscure manifestations or symptoms of the chronic pathological appendix, whether of inflammation, stricture, adhesions, tuberculosis, malignancy or foreign matter, are so varied and numerous, and so closely resemble symptoms of disease of other abdominal viscera, that the best of men have failed in diagnosis, and, in consequence, many needless operations have been done and useless medication advised, with the result that patients have been disappointed in not receiving the relief sought or promised, and in a great many instances are in a worse condition for the surgical procedure or medicinal treatment. Gastrojejunostomies have been done for gastric and duodenal ulcers which did not exist, the symptoms continuing and exaggerated. Gall bladders have been opened and drained without results; ovaries have been removed or resected for small inoffensive cysts and relief not obtained. The general practitioner, if he reflects, will realize how many patients he has treated for chronic indigestion or the old-time chronic dyspepsia, with its attendant nervous phenomena, by drugs, diet and sending them to health resorts (mineral springs), rest cure places, etc., without permanent relief and without knowing the pathological cause of the symptoms.

That we are in a better position now to interpret abdominal symptoms is due to the fact that surgery has given us an opportunity to see and has taught us living pathology. No one is justified these days in performing any operation on a part or organ unless the part or organ at the time of operation demonstrates pathology sufficient to cause the symptoms from which the individual is suffering. For instance, if an operation is being done on the gall bladder on a diagnosis of gall bladder disease and the gall bladder shows no evidence of disease, it would be in error to open the gall bladder. You should then search other parts and organs for the pathologic condition that is producing the symptoms. The stomach, duodenum, pancreas, appendix, etc. What patients warrant them in consenting to be operated upon. It makes little if any difference to them whether the symptoms are caused by a diseased appendix, gall bladder or what not.

That the chronic appendix was respon-

*Read before the Fourth District Medical Association, Union, S. C., November 20, 1911.

sible for many of the symptoms indicating disease of the other organs has been demonstrated in the work of many men in different parts of the world for sometime. Ewald, in 1899, called attention to a class of cases to which he applied the term "Appendicitis larvata" because, to quote him, "The physician treating them thinks of anything but a disease originating from the appendix. Clinically, all symptoms of manifest appendicitis are absent." He stated, "We have to do with an affection connected with quite a series of widely different symptoms, dyspeptic complaints, stomach ache, colic or pain in the lower part of the abdomen; disturbed intestinal digestion, secretion of mucous and blood in the feces. Or, there is vomiting (even bloody), loss of appetite, and so on. Sometimes the physician treating the case diagnoses an ulous ventriculi."

It was not, however, until the publication of Mr. Monyhan's article in the *British Medical Journal* of January, 1910, on "Appendix Dyspepsia," that this subject received any general discussion. Since then contributions to medical and surgical literature have been numerous, most prominent among them being Americans. Articles from the Mayo Clinic, by Graham, MacCarty and others, give valuable information and statistics on account of the number of cases from which they report their findings and conclusions. Very complete and comprehensive articles have been recently contributed by Dr. Jacobson in the New York *Medical Journal,* and by Dr. Cheney in the *Inter-State Medical Journal.*

It is impossible to detail a true clinical picture of the symptomatology of the chronic appendix as it evidences itself in so many different ways in different cases. The most prominent symptom is that of a disturbance of the digestive system. This will not be hard to comprehend when you realize the anatomical situation of the appendix—placed as it is near or, as may be stated, at the junction of the small and large intestine, in close proximity to the ileo-cecal valve which controls the flow of the contents (gas and liquid feces) of the small into the large intestine. If there are adhesions the intestines are abnormally fixed and out of place and in consequence the circulation is interfered with and the ileo-cecal valve, on account of the constant irritation or inflammation, prevents the passage of gas and feces from the ileum into the cecum. This chronic or constant obstruction will act reflexly to the stomach producing, at times, "pyloric spasms," which is really only telephonic communication to the pyloric valve not to send down any more material as it cannot be cared for—then vomiting occurs which is usually all food material rather than that of sour water brash or fluid matter, which you have in diseases of the gall bladder or in cases of gastric or duodenal ulcer. This vomiting comes on immediately or in a short while after taking food, rather than two to four hours after, as in cases of ulcer or malignant disease producing obstruction to the pylorus. A gastric analysis made after a test meal will show, in appendicitis cases, no food contents indicating obstructions. The only abnormality that it may show would be a hyperacidity or an increased amount of free hydrochloric acid. Again, this vomiting or belching of food and eructations of gas and feeling of fullness is usually constant after taking food rather than showing the periodicity of rest that we have at times in ulcer cases. There is not the relief from distress after ejection of the contents of the stomach in appendix cases as in other conditions. In some instances of chronic appendicular trouble blood is vomited, and Monyhan cites several instances in which over a pint of blood has been vomited. These cases have been due undoubtedly to some septic condition.

Pain from a chronic appendix may be anywhere in the abdomen. Patients will usually refer it to the epigastrium and

from there will tell you that it radiates downwards, usually to the right side, but "all over." In gall bladder disease, with pain, they will tell you that the pain is localized to the gall bladder region, and if it radiates it will be to the back. In appendix cases, though the pain is referably to the epigastrium, on pressure there it will not intensify the pain, but there will usually be a tenderness over the appendix region without the presence of a tumor or rigidity. The pain, abdominal distress or fullness are increased after exercise, whereas in other conditions exercise seems to have no effect. So the occupation that a sufferer follows may influence the frequency and severity of the abdominal distress.

The constant dull pain complained of in chronic cases rather than the spasmodic pain of the acute appendix is explained by Ochsner as being due to change in the tissues of the appendix itself—"The muscular coats have suffered severely and do not respond to irritation as they did at first, consequently the spasmodic character of the pain has disappeared."

Nausea is usually present, and there is frequently some concern about the quantity or quality of the food that can be taken. They will usually avoid meats. The appetite often fails, and at times food is refused because of the distress, and in consequence nutrition suffers. It has been observed by MacCarty that "Many patients presenting themselves with marked discomfort and not infrequent sharp pains in the epigastrium and a sensation of fullness, bloating and hyperacidity following eating, do not show any change in the stomach, duodenum or gall bladder recognizable at operation. An exploration of such cases usually reveals chronic appendicitis. After appendicectomy the stomach symptoms usually disappear.

The frequent so-called "bilious attacks" are usually of appendicular origin.

The appendix may become adherent to other organs producing symptoms referable to them—for instance, the ovary, also the ureter, giving symptoms of renal calculus. Infection to the parts or organs may also be transmitted from an infected appendix.

In the chronic appendix there is distention of the intestines with gas, but not to the extent as in ulcer. The individual has a feeling of movement of gas in the intestines and its passage gives a sense of relief. The bowels are usually constipated and is one of the early symptoms. Attacks of diarrhœa may occur and free movements of the bowels give considerable relief.

A careful physical examination and inquiry into the previous history of the cases may clear up many of the obscure digestive disturbances. Attacks in childhood of diarrhœa or stomach ache, which have been forgotten, may be in many instances typical attacks of appendicitis, and the forerunner of digestive disturbance later in life.

To those individuals with digestive disturbances, with its varied symptoms that have been treated for years medically without results, a close study of their previous histories may decide you that the removal of the appendix will prove an avenue of relief leading to the road of restored health.

I will recite, briefly, the histories of a few cases that have come under my observation:

Mr. P., aged 19. Had been well up until two years previous to consulting me. In the past two years he had been suffering constantly with indigestion and severe pain in the epigastrium. He gave no history of any definite attack of acute appendicitis, only distress and pain after eating. Milk gave him very intense pain. At times his indigestion or pain was so severe that he could scarcely eat anything. Examination revealed a tenderness over McBurney's point without rigidity, and

which pressure increased the pain in the epigastrium.

Operation was advised, and an appendix between six and seven inches long adherent to and extending up behind the cecum was revealed and removed. His recovery was good, and since the time of his digestive symptoms, and he is in perfect health.

Miss P., aged 17. About three months before coming to me, began to have soreness in the side. Had never been laid up in bed, and gave no definite history of an acute attack of appendicitis. Later, the soreness in the side had become more severe, and she suffered considerably with indigestion at times. The bowels were regular.

Operation revealed a subacutely inflamed appendix with adhesions. She made a good recovery, and has remained in good health since May 10, 1909.

Miss S., aged 16. A school girl. Gave no history of an acute attack of appendicitis. For the past two years, to my knowledge, and since early childhood from her statement, she has suffered more or less with indigestion and feeling of fullness or uneasiness in the right side. At times the distress would be more severe. She has never been confined to bed except with an attack of malarial fever. During the last year she lost considerable time from school on account of many spells of so-called "bilious attacks," which were associated with epigastric discomfort and vomiting of food. These spells of digestive disturbance have become more frequent and a careful examination of her abdomen revealed only a slight tenderness without rigidity over McBurney's point.

Operation was done and an appendix removed which clearly indicated a chronic condition, as evidenced by the following macroscopical and microscopical reports:

MACROSCOPICAL.

"Appendix rather short, somewhat twisted on itself. On opening the appendix an ecchymotic spot was found under the mucosa extending down into the submucosa, the walls being very much swollen and thickened, showing pinpoint ecchymotic spots scattered all through it. Meso-appendix very short; did not extend to the end of the tip of appendix by 1½ inches. Terminal portion of the meso-appendix has no appendiceal attachment."

MICROSCOPICAL.

"The appendix shows a thickening of the mucosa, the superficial epithelial cells are flattened, the submucosa showing some fibrosis with considerable small, round cell infiltration. The blood vessels are engorged, the walls being thickened."

Mr. H., aged 71. Had suffered since boyhood with so-called indigestion, which had its beginning, as he remembered, from an old-gashioned stomach ache. Had never had an acute attack since, but always suffered with symptoms of indigestion, and there were certain articles of food which he always avoided. This distress, with distention of the abdomen, would be increased or more severe after exercise. This continued from boyhood, until the time of his operation, at the age of 71. When I was called to him it appeared to be a typical attack of acute appendicitis.

Operation was advised, and the appendix removed. It was strongly adherent to the cecum by old adhesions. He made an uninterrupted recovery, and since operation—which was in 1907—has been in perfect health, and for the first time in his life as long as he can remember, has been free from his spells of what he called "dyspepsia."

Miss P., operated on June 23, 1911. Had been having pains in the side for three years, and gave a history of several sharp attacks, which were thought to be at that time ovarian, as her pain was always worse during her menstrual periods. The last attack was on June 16th, accompanied by fever, but no vomiting.

Operation revealed an appendix that

was obliterated for the last terminal half inch and a few adhesions to the cecum. Slightly inflamed. The ovaries were normal and there were no adhesions to them. Since the operation she has been well and her mother tells me that for the first time since her menstruation was established, it has been normal and free from pain.

PREVALENT DISEASES.

Each change of season brings with it, its diseases seemingly peculiar to the time.

Summer, with its Intestinal Disorders, Sunburn, Insect Bites, Ivy Poisoning, etc.

Fall presents for the attention of the physician, its Typhoid cases, and Winter and early Spring, its regular quota of Pneumonic, Bronchial, Throat and other chest conditions.

At this season, when Penumonia and Bronchitis demand the call of the physician, literature presenting the experience of fellow practitioners in the successful handling of these cases, would seem most apropos.

The Bloodless Phlebotomist for January reflects the experience of many physicians upon this timely subject.

Dr. Charles Buck of Cincinnati presents his experience in handling cases of Pneumonia, also relates some facts in the treatment of Lumbago, which might also be considered as an affliction prominently manifesting itself at this Season.

"Broncho-Pneumonia," with supportive as well as local treatment in all its details, is the subject of the paper of F. A. Kautz, also of Cincinnati.

Dr. E. Clinton Murray, of Houston, Texas, relates his experience and treatment in a case of Pneumonia in an eighteen months' old baby, and Dr. J. C. Klippinger, of Independence, Kansas, presents a "Different Technique in Pneumonia," which is decidedly original. In abstract his method is to apply the local dressing in a manner which gives the intercostal muscles a chance to functionate without restriction from bandages. This symposium is closed with a paper from Dr. W. A. Radue, of Union Hill, N. J., upon "Acute Pleurisy and a Successful Abortive Treatment."

Besides the papers referred to, upon the subject of Chest and Throat diseases, much additional information is given. The one in particular we would have you note is the "Rational Influence of Hot Applications" by that well known Therapeutist, Dr. Finley Ellingwood, of Chicago, Illinois.

A postal card addressed to the Bloodless Phlebotomist, No. 57 Light street, New York, will bring you a copy of the January issue.

Department of Public Health

BUREAU OF VITAL STATISTICS.

There has been very little in the past to encourage our hopes in regard to the establishment of a Bureau of Vital Statistics in the Southern States. The recent experience of Kentucky should serve to renew our efforts in this direction. Kentucky has a thoroughly organized medical profession. The secret lies just here:

THE NEW YEAR.

Editorial in Kentucky Medical Journal, January 1, 1912.

The New Year opens up with the Kentucky State Medical Association in better position in every way than it has ever been. The medical profession of Kentucky has never been more active and has never accomplished as much as a profession as it did last year. In every county our societies have been active in the education of the public as to the prevention of diseases and as to the dangers of worthless classes of patent medicine. The new Bureau of Vital Statistics has received the practically unanimous support of the doctors of the State. Few other States have accomplished as much in ten years in this work as has been accomplished in Kentucky in one. It will be a revelation to most of us that 17 per cent. of all deaths in our Commonwealth are due to tuberculosis in some one of its forms, and that 41 per cent. of the total number of deaths have been due to preventable diseases. Equally striking, is the report of 947 deaths from typhoid fever and 463 from diphtheria or membranous croup. The people must be educated as to the meaning of 392 deaths from measles and 338 from whooping cough, which are ordinarily considered by them as the harmless diseases of childhood. All of the above figures are for the first eleven months of the new law. It is rather encouraging that during this period that while 27,956 deaths have been recorded, that 55,307 births, including still

births from both figures, are on file. There is no question but that Dr. Heizer's Bureau has made good, that its value to the profession and to the people in promoting longer life and better health will soon be appreciated by everybody, and that the lessons of this year emphasize the importance of every doctor in Kentucky making more careful diagnosis, keeping more careful records, and being even more attentive to the details and promptitude, which are necessary to making the Kentucky Bureau of Vital Statistics better than in any other State.

The following resolutions were adopted by the 2d District Medical Association at Orangeburg, January 16, 1912:

Whereas, There has been inaugurated by the State Health Board a campaign for the eradication of a disease more or less prevalent in the territory represented by this association; and,

Whereas, We believe there should be left no reason for uncertainty as to the attitude of the medical profession in reference to this work; therefore,

Be it resolved, That the Second District Medical Association cordially and unreservedly endorse the work and the propaganda of the Hookworm Commission conducted under the auspices of the South Carolina State Board of Health.

Society Reports.

Some Problems Are Given for Physicians of City.

The following is an instructive address on "Some Problems for the Medical Profession of Columbia," by Dr. H. W. Rice, president of the Columbia Medical Society:

"The practice of medicine is fast becoming a science as well as an art. Some things that once counted in the makeup of a successful physician are passing. Scientific attainments rather than the personality of the man will count in the future doctor. That subject of general adoration—the family doctor, the medical virtuoso, will soon be shorn of his authority. In many respects the departure of this many-sided character will be a distinct loss. His fine sympathy and lordly command of the affections of his patients will be a theme for novelists and poets to conjure with.

DAY OF SPECIALISM.

"Specialism has come and come to stay. Nor is it indeed an unmixed evil. Its magnificent achievements, its triumph over disease must compensate for its short-comings. But with the passing of the family doctor of the old type the confidence of the public in all physicians has been shaken. The present campaign for the enlightenment of the public in sanitary and preventive measures and the dissemination of medical knowledge generally will create a more exacting standard in the healing art. For the medical profession what is the 'handwriting upon the wall?' It means that slipshod diagnosis and shotgun prescriptions are no longer to be tolerated. Accurate diagnosis and the scientific approach in the treatment of disease will be in the demands of the future. Hence in diagnosis the physician must be more than a skillful dissembler! Patients will insist upon a definite diagnosis, and if we are unable to cure the malady we shall have to convince them that it is incurable. Verily our efficiency is being put to the test.

MORE KNOWLEDGE NEEDED.

"With the multiplication of modern diagnostic methods comes the need for wider and more technical knowledge in every branch of medicine. The specialist of tomorrow must be conversant with a greater number of diagnostic procedures than the general practitioner of today. To make a correct diagnosis requires a familiarity with a constantly

increasing number of tests. To be a master of physical signs is not enough. The test tube and the microscope must be our daily companions. The laboratory is becoming more and more a necessity. The fields of hæmatology, chemical pathology, scrology, and that more recently developed department parasitology must be compassed, and the end is not yet. The task is great. It calls for special training and trained specialists to perform the numerous tests. With the facilities available to the average practitioner it means a ruinous expense to patients. And yet as scientific physicians the demand is upon us, we must face the issue. This can be done only by co-operation—the so-called team work.

WORK ENOUGH HERE.

"Shall the profession in Columbia fail? Can we afford to have it said that patients can get better treatment at Baltimore or New York or Rochester than here? Why should we allow the allegation? We must demonstrate to the entire satisfaction of the public that our methods shall be second to none, that our forces are united, that we shall not be circumscribed by petty jealousies. If thoroughly done there is work enough for every physician here. The physician who makes 40 calls a day will soon be a thing of the past. The people will not stand for it.

"Will patients pay for enough conscientiously work? My reply is, yes, just so soon as we prove that our services are really worth more, that our standard is equal to any in the land.

"My first plea would be for an equalization of fees as between the general practitioner and the specialist. Why should the specialist receive a more adequate compensation than the general practitioner? Why should the surgeon get $100 for an appendectomy and the general practitioner receive but $25 or $50 for treating a similar case nonsurgically? Why should the eye man get $5 for removing a cinder from an eye and the general practitioner get $1 for exactly the same job? I do not mean to say the specialist is overpaid, but unquestionably the conscientious general practitioner is wofully underpaid. It may be said that this is all trite—and yet it is one of the problems the Columbia Medical Society may help to solve.

"With the desire only to awaken an effort to a betterment of the profession in Columbia, I shall venture a few suggestions which doubtless will not appeal to everyone. Still, if I stimulate anyone to offer a better solution of our problems, I shall feel repaid.

PERMANENT HALL.

"First of all I would urge a renewal of the agitation to secure a permanent hall to be owned by the Columbia Medical Society. Why should there not be a 'Columbia Academy of Medicine?' A permanent abode seems to me to be the thing most needful at this time. The advantages would be manifold and possibly far-reaching. It would then be possible to establish a medical library and reading room and thus secure a long felt want to the medical profession of Columbia. With some of us it would be the realization of a dream. With all of us it could be made an economy that would save each of us more than our part of the expense in providing journals and books of reference that necessarily must be accessible to the progressive physician and which incur a very heavy tax when each must buy them for himself. Especially should this feature appeal to the beginners in the profession. How many of us have books upon our shelves that we only occasionally consult and yet we cannot afford to be without? How many need such works who feel unable to have them? Moreover, how many books have we purchased that proved to be useless because we did not know what to buy? To my mind the saving in these items alone would be argument sufficient to warrant the establishment of such a library.

"Again, if we had a fixed location it would be feasible to provide a chemical and pathological laboratory that could be made available to members at a minimum cost for the examination of specimens. A small extra fee could be charged those who wished to have the benefits of the laboratory and thus we would be able to utilize more frequently these indispensable aids to the scientific physician. I believe such a laboratory might be made the greatest stimulus to the profession in Columbia today.

"It is true that there may be individual physicians who are able to provide adequately for their own needs along this line, but who of us could not improve our methods by more ample laboratory facilities?

"While our efficient State laboratories are giving us valuable assistance, there is a certain kind of pathological work they do not do, and it is not probable that they will ever be equipped to do the routine work of the entire State.

INDEPENDENT LABORATORY.

"But beyond all this it has occurred to me that there is an ulterior purpose which might be subserved by an independent laboratory. What a wealth of clinical experience is lost to the world because of the lack of some method of preserving the observations of country practitioners, because, as yet, they have had no inspiration to keep records of their cases. Could some means be devised to preserve and systematize the information acquired in country doctors' daily practice, we of the South might be less dependent upon Northern resources for our training in medicine. Is it too far fetched to say that such a laboratory properly conducted might be made to conduce to so laudable an end? Of the fifty-odd physicians in Columbia, how many are preserving records of all their cases? And these physicians treat perhaps 25,000 cases of sickness each year. With a laboratory available for the routine examinations of all physicians it would be possible to obtain records of every case in which a microscopical or chemical test was required. Most of us find in our routine practice an indication for some kind of test in one-fifth, certainly in one-tenth of our cases.

"Let every physician who desires a test be required to furnish a concise short history of the case. Regular forms could be provided for this purpose, and in this way the clinical history and laboratory finding could be coindexed and become permanent records. Supposing even one in 25 of the 25,000 estimated cases of sickness in Columbia to be thus recorded, we would have each year at least a partial history of 1,000 cases—equivalent to that of a good sized hospital.

"Furthermore, the accumulation of valuable case histories would be but a part of the benefits from such a laboratory. It would stimulate us to more accurate methods of observation and inspire us with a confidence in our work and a zeal for the work of our fellow practitioners. It would be a distinct educative force as well as a contribution to the cause of scientific medicine. Let us hope that Columbia and South Carolina may ere long be aroused to the opportunities for research work within our borders.

COURSE OF STUDY.

"As a further means of progress I would suggest a systematic course of study for each year with possibly weekly clinics on suitable subjects. Let both the new men and the experienced be urged to enter the courses. We want the enthusiasm of the recent graduates with his knowledge of recent methods of investigations, we want the riper judgment and clinical knowledge of the experienced man.

"Yet us revise the fee bill and at least raise the fee for an ordinary complete examination of patients to $5 or more, according to the number and kind of tests to be made.

MAINTAIN STANDARDS.

"And with it all, gentlemen, let us maintain our ethical standards. In this connection I cannot refrain from the admonition that the time has come for this society to put itself squarely on record as opposing the secret division of fees between the attending physician and surgeon. For, disguise it as we may, it is a species of commercialism—an artifice discreditable alike to physician and surgeon. It is a bargain, and the party most concerned—the patient—is deprived of a voice in the transaction. It is a bid of the surgeon for patients and an admission of the incompetency of the physician to collect a just fee. It places a fictitious value upon the services of the surgeon, it disparages the physician and magnifies the importance of the surgeon in the eyes of the public. It is unfair to the more scrupulous members of the profession and sooner or later, when the practice shall be exposed to the public, our self-styled 'noble profession' will be brought into lamentable disrepute.

"Finally, let us inform the public of our determination to keep abreast of modern methods and our purpose to ask an adequate compensation for our services."

SUMTER COUNTY MEDICAL SOCIETY.

The regular monthly meeting of Sumter County Medical Society was held at 6 p. m. last Thursday, with Dr. Mills, the newly-elected president, in the chair. Animal Therapy was the subject for discussion, and the same was ably led by Dr. F. K. Holman. His paper showed that he had given the subject much thought and the full attendance present showed their appreciation of Dr. Holman's effort by the free manner in which they discussed his paper.

Several clinical cases were reported and much interest manifested.

As it was the regular time for payment of annual dues all present responded.

It has always been the custom of our society to stress the social feature, so it then adjourned to meet at Charlie's Café, where an excellent supper was served.

F. M. DWIGHT,

Wedgefield, S. C., January 15, 1912.

KERSHAW COUNTY MEDICAL SOCIETY.

The Kershaw County Medical Society held its regular meeting today with the following members present: President S. C. Zemp, Vice President S. F. Brasington, Secretary-Treasurer W. J. Burdell, J. W. Corbett, J. W. Dunn, A. W. Burnett, W. R. Clyburn. The inclement weather and bad roads undoubtedly kept the other members away. After the routine business was disposed of officers for the present year were elected, as follows: President, Dr. S. C. Zemp; Vice President, Dr. S. F. Brasington; Secretary-Treasurer, W. J. Burdell. Delegate to House of Delegates of the State Medical Association, S. J. Burdell; alternate, S. F. Braesington.

The possibility of a hospital in Camden was discussed, and after a free discussion, the society adopted the following resolution, and requested that the secretary have the resolution published in the county papers:

Whereas, Capt. John Burdell, in his last will and testament, left a considerable amount of real and personal property to pay for the treatment of the sick poor of Kershaw county, and to assist in the erection and maintenance of a modern hospital in Camden;

Resolved, That the Kershaw County Medical Society, and its individual members as individuals, are in full accordance with such a movement as the erection of a hospital in Camden at as early a date as possible, and pledge themselves to co-operate with the county and Camden, in the erection of such hospital.

The society decided that in the near future it would have a banquet, and would ask the dentists and pharmacists of Cam-

den to join with it, and also decided to invite a prominent medical man to be with us and give us an address on this occasion.

Dr. Ernest Z. Truesdell, of Bethune, S. C., was elected a member of the society.

Date of the banquet, and the name of the orator will be announced to each member by the secretary later.

No further business, adjourned.

W. J. Burdell, Sec.

Camden, S. C., January 9, 1912.

Lexington County Medical Society.

The regular quarterly meeting of the Lexington County Medical Society was held in Lexington, S. C., on the first Monday in January, and many interesting subjects were discussed and passed upon one way or another, and at adjournment the conclusion was that we had a good meeting.

Heretofore we have usually held our meetings at the county seat—Lexington, but have concluded to hold our next meeting in Batesburg, three months hence, thereby honoring a special request from some of the doctors of the place to meet with them next time, and we are expecting an especially good meeting, as they know so well how to plan and arrange for such functions.

Two applications for membership were received and acted upon favorably, Dr. M. L. Brogden, of Swansea, and Wm. A. Oxner, of Gilbert, which brings our roll up to 24 members regular, irregular and inattentive out of 27 registered physicians in the county with the unaffiliated as being some of the oldest doctors in the county, seeming to indicate that the more recent graduates in medicine seek membership in their local County Medical Societies more than those older in the cause.

President Roberts was elected our delegate to the meeting of the State Medical Association, with power to name his alternate.

Unofficial reports from Dr. A. T. Hutts, of Pelion, state that he is improving, and we trust this may be a reality.

Dr. W. T. Gibson, of Batesburg, has recently taken unto himself a better half in Miss Wright, of the same place. Congratulations, doctor!

J. J. Wingard, Sec.

Lexington, S. C., January 10, 1912.

Chester County Medical Society.

The regular meeting of the Chester County Medical Society was held at the office of Drs. Wylie & Johnston, on January 1, 1912, at 3 p. m., with the following members present: Drs. A. M. Wylie, W. M. Love, W. R. Wallace, S. G. Miller, G. A. Hennies, S. W. Pryor, J. G. Johnston and W. B. Cox.

The election of officers for 1912 having been postponed in December on account of small attendance, this was gone into, with results already sent you.

There was a good deal of enthusiasm shown by the members present, which, I think, will result in some good meetings this year.

Dr. W. B. Cox has invited all the doctors to his house in order to discuss, and if found advisable, to renew, our Doctors' Club, which formerly met once a month with each other in turn, and which was very beneficial indeed while it was kept up.

Pursuant to a resolution, introduced by Dr. S. W. Pryor, it was carried that each member of the society be required to prepare and read, if possible for him to attend, at least one paper during the year. If the member is unable to attend, he is to prepare the paper and forward to the secretary to be read at his appointed time. The titles of these papers to be sent to the secretary beforehand, and he is to appoint three (3) members to discuss each paper.

We hope this will give us a variety of papers and some good discussions during the year.

Dr. W. B. Cox reported an interesting

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case of anasarca, more especially in the scrotum. Patient's age 68, high liver for some years. Had general anasarca of abdomen and lower extremities, but more marked in scrotum. Had a mitral reguritant murmum and sclerosis of the liver. Had patient on 90 grs. Diuretin per day, and he was also taking liquids sparingly. In spite of this and the fact that he passed large quantities of urine, there was no appreciable diminution of the swelling, especially of the scrotum.

We hope to have reports of clinical cases from several members at each meeting, thus increasing the usefulness of the society in this respect.

J. G. Johnston, Sec.

Chester, S. C., January 9, 1912.

Columbia Medical Society.

The Columbia Medical Society met at 1301 Hampton avenue, as the guest of Dr. R. W. Gibbes, the president, Dr. H. W. Rice, presiding.

Owing to an interruption in the electric current Dr. Gibbes was unable to present his paper on Stereoscopic Radiography with Demonstration, and his paper was deferred until next meeting.

Dr. Rice, the newly-elected president, gave a very timely address, full of good advice. His address was unanimously voted to be turned over to the secretary for publication in the daily papers.

The following members were present at meeting, despite the extreme inclementness of the night: Drs. Weston, Gibbes, Horlbeck, Coward, McIntosh, H. W. Rice, Knowlton, Harmon, Fulmer, Durham, Kibler, Adams, Abel, Smith, Rogers, Fishburne, Boyd, Williams, Ward, W. R. Barron, C. E. Owens, Watson, Black, Theo. M. DuBose, Jr. Dr. Poe was present as a guest of the meeting.

Report of Clinical Cases:

Dr. A. B. Knowlton reported two cases: one in which he found "Jackson's Membrane" and the other "Lane's Kink;" and he cautioned all surgeons about the importance of always looking for these sources of trouble.

Dr. J. J. Watson reported a case of infarct in kidney, due to staphylococcic septicemia, in which nephrectomy was done with good results.

Dr. C. E. Owens reported a case of pellagra of unusual type.

The following resolutions were passed:

"Whereas, It has come to the attention of this society that certain criminal charges have been brought against Dr. L. A. Griffith, one of the members of this society, which charges also involve his professional conduct and integrity as a member of the medical profession and of this society;

"And, whereas, We have investigated said charges; now, therefore, be it

Resolved, That we, the Columbia Medical Society, believing said charges to be unfounded in fact, do hereby declare our belief in the innocence of the said L. A. Griffith of said charges or of any conduct unbecoming a member of this society, and express our full confidence in his ultimate complete exoneration."

Wm. R. Barron, Sec.

Columbia, S. C., January 10, 1912.

Williamsburg County Medical Society.

The regular monthly meeting of the Williamsburg County Medical Society was held in the society room on Saturday, January 20. The following physicians were present: Drs. W. L. Wallace, W. G. Gamble, C. D. Jacobs, D. C. Scott, E. T. Kelley, W. V. Brockington and E. O. Taylor, of Kingstree, and Dr. J. C. Beckman, of Greeleyville.

The meeting was most interesting to medical men; many interesting cases were brought up for mutual consultation.

It was decided at the meeting that in future the society would be called together the third Wednesday of each month, in-

stead of on the 20th, as heretofore. This was done for the benefit of the county physicians, the third Wednesday at 12 m. being convenient to everyone.

Dr. W. D. Rich, of Gourdins, will read a paper at the February meeting on a most interesting topic.

Many letters were read by the secretary congratulating the society upon its reorganization, and promising help from the State Medical Society and individual members. All of them were appreciated and a cordial invitation is extended to them individually to meet with us at any time.

J. C. Beckman, Sec.-Treas.

Abbeville County Medical Society.

At a regular meeting of the Abbeville County Medical Society, held in Dr. G. A. Neuffer's office, February 2d, the following officers were elected: President, J. R. Bell, Due West; Vice President, J. D. Wilson, Lowndesville; Secretary and Treasurer, C. C. Gambrell, Abbeville.

This society will try the plan of meeting in the different towns throughout the county this year. It is hoped that this will make the meetings much more instructive and interesting. We hope to have a fine clinic in each place that we meet in, and we are sure that the resident physicians will give the visitors a good time.

Our first meeting will be in Due West, and Dr. J. W. Wideman is to lead the discussion on pneumonia.

C. C. Gambrell, Sec.

Abbeville, S. C., February 2, 1912.

Spartanburg County Medical Society.

The Spartanburg County Medical Society held its annual meeting on this date as the day set for the annual meeting in December was so inclement that only two members were present and no meeting could be held. Only routine business was attended to.

Dr. W. A. Kirby, of Campobello, was elected a member of this society, having been transferred from the Dorchester County Medical Society.

The following officers were elected: Dr. A. D. Cudd, Spartanburg, President; Dr. W. H. Chapeman, Whitney, Vice President; Dr. L. Rosa H. Gantt, Spartanburg, Secretary; Dr. W. B. Lancaster, Spartanburg, Treasurer; Dr. W. W. Boyd, Spartanburg, delegate, and Dr. D. R. Norman, Fairforest, censor.

Some changes will be made in the program, a social feature added and efforts made to secure better attendance at the meetings than in the past.

L. Rosa H. Gantt, Sec.

Spartanburg, S. C., January 26, 1912.

Charleston County Medical Society.

The regular mid-monthly meeting of the Medical Society of South Carolina (Charleston county), was held at the society's hall, January 15, 1912.

Dr. J. C. Mitchell, the newly-elected president, in the chair.

Dr. Wm. P. Cornell tol dof the conditions most prevalent at the school at which he is medical examiner, and he said he would like to know something about the other schools. In his work, the prevalence of adenoid growths and next enlarged tonsils had been most frequent.

Dr. Albert Nathan spoke briefly as to the findings at his school and stated that as yet he had not seen any cases of pediculosis.

Dr. R. M. Pollitzer reported that defective vision and enlarged tonsils were most noticeable at the school for which he is examining.

Dr. J. S. Rhame said that tonsillitis headed the list at his school.

Dr. A. J. Buist asked why it is that some of the pupils are exempted from the

inspection, as that spoils the work and interferes with the whole system.

After some further discussions along this line, the society adjourned.

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On February 1, 1912, at 9 p. m., the society held its regular meeting. In the absence of the president, the vice president, Dr. E. F. Parker, presided.

Several business matters, chiefly concerning the Roper Hospital, occupied the greater portion of time.

Under medical news, Dr. A. J. Buist reported the following case: Recently in the evening he was called to see a lady who had fever, rapid pulse and abdominal pain with tenderness and rigidity in the appendix region. He advised immediate operation, which was agreed upon. On opening the abdomen he saw a large amount of bright, red blood free in the cavity. His first thought was that it issued from a sloughing appendix, but this was not the case, although the appendix was diseased and was removed. Therefore he made a median incision to find the source. On the right ovary was seen a freshly ruptured cyst from which blood was issuing at each pulsation. The ovary was removed. Dr. Buist pointed out that had the ovarian hemorrhage occured earlier the condition would probably not have been diagnosed and she might have died, while, had it happened after the operation, the condition would have been attributed to the slipping of a ligature.

Dr. T. P. Whaley asked how it happened that a large vessel was on the periphery of the ovary? Dr. Buist replied that he did not see any vessel, but he did see the blood pulsing from the ovary, at the site of the ruptured cyst.

Dr. Buist reported having lately seen three cases that resembled typhoid clinically, but in two the disease only lasted two weeks, and in all at no time could a positive Widal be obtained. Further the three cases had a diffuse, red-rose rash over the whole body excepting the face. Two of the patients had a severe bronchitis and one gave evidence of a nephritis which probably antedated the acute malady. This last case died. Dr. Buist does not believe the disease is typhoid, but asked for some opinion.

Dr. E. F. Parker spoke concerning the medical inspection of schools. He said in his opinion that the examiners are too rigid and inclined to be too theoretical. He pointed out that many defects of a minor nature, causing no disturbance of function, should be let alone or the whole system would fall into disrepute through over zealousness.

Dr. Cornell stated that he was under the impression that often even though the tonsils are not large enough to cause trouble locally, yet they may be the site of tubercular infection and be followed by enlarged cervical nodes. He asked whether it was the preceding gentleman's opinion that pathologic conditions should not be reported unless followed by symptoms?

Dr. Parker reiterated his remarks, and added that he was not speaking in a spirit of criticism, but that he wished merely to sound a note of warning.

There being no further business, the society adjourned.

R. M. Pollitzer.
Corresponding Secretary.
Charleston, S. C., February 8, 1912.

Current Medical Literature.

Carcinoma of the Alimentary Tract.

There is an interesting symposium on Carcinoma of the Alimentary Tract in *The Journal-Lancet* for January 15, 1912. These papers were read before the Minnesota State Medical Association by Drs. Beckman, Plummer and W. J. Mayo, of St. Mary's Hospital, Rochester, Minn.

Beckman says there are three important factors which contribute to the cure of carcinoma by present day surgery: (1)

The opportunity for an early diagnosis; (2) Slight tendency for the growth to form metastases in vital and deep-seated parts of the body; (3) Accessibility for removal of the lymphatics first involved after the disease has progressed beyond the primary focus. Carcinoma on the lips, in the mouth or in the pharynx is ideally situated for surgical cure. He advocates the "block dissection" popularized by Crile.

Plummer writes of carcinoma of the esophagus, and says diseased conditions here have been neglected. As diagnostic procedures he recommends the esophagoscope, olive bougie and radiograph. The instruments should be used only with a guide, such as silk thread swallowed by the patient.

Plummer urges dilation in treatment as promising much relief for most cases.

Dr. W. J. Mayo's remarks on carcinoma of the stomach, intestines and rectum offers much hope for this class of cases. As is the case with reference to diagnosis of diseases of the esophagus, Dr. Mayo says the rectum shares a similar neglect. He says it is comparatively easy to use the proctoscope or sigmoidoscope, and that 15 per cent. of the cases of carcinoma and the rectum have been operated on for hemorrhoids.

Squint.

In *The American Journal of Diseases of Children* for February, 1912, C. W. LeFever, of Philadelphia, calls attention to the management of squint. He says that common cross eyes is almost always curable without operative procedures, and, as is the case with a multitude of diseased conditions, this result depends on early treatment. The family physician or pediatrist is chiefly responsible. He well says that in referring cases the physician should instruct his clientéle the difference between an oculist and an optician. He says the oculist is fortunate if he sees these cases even at 1 year of age and indicates that glasses properly fitted and most persistently supervised in the very early years cures the case.

Anesthesia.

In the *Medical Record,* January 20, 1912, there is an interesting account of the meeting of the Harveian Society of December 7, 1911. Anesthesia coming up for an unusual share of discussion. Dr. J. H. Chaldecott, anesthetist to St. Mary's Hospital, stated that he had given chloroform in the upright position to 1,400 persons without any fatality or even symptoms of danger. This position was advised for operations on the nose and throat especially.

The following is gratifying to those of us who live in the South, being read at the same meeting:

Dr. Dudley Buxton read a paper on the pioneer of ether anesthesia—Crawford Long, a man who had a horror of advertisement or of premature exploitation of results of research. Long observed that painful knocks were not felt under ether and used it, therefore, in 1842 instead of gas, and his work was well known in the State of Georgia. When Morton sought recognition for his nostrum, lethion, which was only ether, Long was persuaded to publish his cases—earlier by 4½ years. This proved his claim to be the first to try ether for producing anesthesia. After an account of Long's career Dr. Buxton dilated on the state of medical opinion at the time concerning mesmerism and other attempts to secure insensibility to pain during surgical operations. He traced the methods tried from 1841 to 1911 and compared their results, concluding with an appeal to anesthetists to supplement their practical skill by actual scientific research.

From the Lay Press.

Doctors Met at Orangeburg.

The State.

Orangeburg, January 18.—The Medical Association of this district, composed of Orangeburg, Calhoun, Bamberg and Lexington counties, convened in this city on yesterday and held an interesting session. There were 20 physicians from the counties in attendance at the convention, but the attendance was not as large as it should have been. At 3 o'clock the entire delegation was tendered a dinner.

The first part of the business session was taken up in reading papers and in discussion. Dr. A. E. Hines, of Seneca, Secretary of the State Medical Association, read a paper, and also Dr. S. C. Baker, of Sumter. These subjects were freely discussed. Besides the regular members of the district association, Dr. A. E. Baker, of Charleston, and Dr. Routh, of the Rockefeller Hookworm Commission, were present at the meeting.

Among the visitors from out-of-town were: Drs. Timmerman, of Batesburg, councilor for the Second Medical District; Dr. T. H. Dreher, of St. Matthews, Dr. A. E. Baker, of Charleston, Dr. S. C. Baker, of Sumter, Dr. A. E. Hines, of Seneca, Dr. Lucius Bates, of St. Matthews, Dr. Sophia Brunson, of St. Matthews, Dr. Matthews and Dr. Wyman, of Denmark.

Before the business session of the convention was entered into the Calhoun Medical Association held an election of officers, all the old officers being re-elected.

Memorial to Great Physician Planned in Lancaster.

From the Lancaster News.

We have been informed that the Lancaster Chapter, U. D. C., have under consideration the erection on the Graded School campus, of a suitable memorial to Dr. J. Marion Sims. We consider this a most praiseworthy undertaking and one in which every person in Lancaster county should be interested. We wish these ladies success in this work.

We think of no more appropriate place for a memorial to Dr. Sims than the one under consideration, the Graded School being on the site of the old Franklin Academy, which Dr. Sims's father, John Sims, helped organize and which as a youth he attended from the day it was opened, December 5, 1825, until 1830, when he was prepared for the sophomore class of the State University.

The remarkable career of Dr. Sims, his fight against poverty, ill health, and his struggle for recognition in his profession, all combined to strengthen a character known from the beginning as sincere and true. From the start he met with discouragements and obstacles of every kind. The persistency with which he fought and overcame them with no outside influence to help him, and his devotion to his chosen profession were perhaps his greatest assets.

Beginning practice in Lancaster he tells in his autobiography, "The Story of My Life," how he lost his first two patients here, and adds: "I then made up my mind to leave my country for my country's good." He left Lancaster in 1835 and practiced in Montgomery, Ala., for several years before going on to New York.

Beside his wonderful contributions to modern surgery, he founded the Woman's Hospital in New York, where many miserable women were restored to health by his marvellous skill.

He lectured and operated in nearly every country in Europe and there his genius was also recognized and appreciated. Besides being made honorary member of numerous scientific societies, he was decorated by the rulers of Germany, Italy, Belgium, Spain and Portugal.

Notwithstanding the high honors con-

ferred upon him, as long as he lived he was as unostentatious and simple hearted as a child. He never forgot Lancaster, the place of his birth and early struggles, and gave a sum of money for the poor of the county, which the committee having it in charge invested in a home for the poor, the J. Marion Sims Home, commonly known as the "poorhouse."

On his last visit to Lancaster, where he spent a week, in February, 1877, he visited the site of his early boyhood home on the Camden road, just beyond Hanging Rock Creek and his birthplace, the home of his grandfather, known as the Duncan place, now owned by M. Truesdale, two miles west of Pleasant Hill.

Death of Dr. W. C. Shellhouse.

The State.

Aiken, December 4.—Dr. W. E. Shellhouse, of Graniteville, a young physician, died at the home of his father, Henry Shellhouse, Saturday. Death resulted from typhoid fever. Dr. Shellhouse was 33 years of age and was well and favorably known. He is survived by a wife and one child. The remains were carried to Augusta Sunday and the funeral held at the Second Baptist church there, conducted by Rev. Mr. Gilbert.

HOPE FOR THE TUBERCULOSIS PATIENT.

When demonstrable lesions of tuberculosis show the steady progress being made by the infection, the physician owes it to his patient as well as to himself, to put at the unfortunate one's command whatever advantages may be open to him. Right living, sleeping in the open, and the choice of a proper dietary, coupled with such drug therapy as may be indicated, offer the most hope to the tubercular patient who is not in position to seek another climate and lung specialists. The indications for drugs are met by Cord. Ext. Ol. Morrhuae Comp (Hagee), for in it are properties well calculated to soothe the irritated mucosae, make the cough more bearable and maintain strength and resistance of the hard pressed tissue. Cord. Ext. Ol. Morrhuae Comp. (Hagee) possesses the added advantage of not disturbing nutritional processes, as do so many agents of its class, rendering them a hindrance intead of an aid.

Work of University of South Carolina Attracts Attention in Washington.

Columbia Daily Record.

Washington, January 1.—Education in personal and public hygiene for college students, as given by the University of South Carolina, has been brought to the attention of the United States Bureau of Education. The university's course consists of a series of lectures, dealing with municipal and rural sanitation and the work of transmission and prevention of all communicable dise ases as well as with the personal health problems of the idividual.

The course is in charge of specialists from the university's department of biology, with the co-operation of the Secretary of the State Board of Health, the director of rural sanitation, the State agent of the United States Farmers' Co-operative Demonstration work and other officials of the United States Department of Agriculture.

The course is open as an elective to all students, and is designed to be of especial value to those preparing to study medicine, or to engage in social or religious work.

Medical Association.

Waterloo, February 1.—The regular monthly meeting of the Laurens County Medical Association was held in Laurens last Monday. Dr. Isadore Schayer read a most interesting and instructive paper on "Old Remedies in Medicine," which was freely discussed by the members. The officers of the society elected for another year are as follows: Dr. T. L. W. Bailey, Clinton, President; Dr. J. L. Fennell, Waterloo, Vice President; Dr. J. H. Teague, Laurens, Secretary; Dr. R. J. Christopher, Treasurer.

Dr. R. E. Hughes, of Laurens, and Dr. G. F. Klugh, of Cross Hill, are the two delegates to the State Medical Association, which meets in Columbia in April.

Dorchester Doctors Met.

The State.

St. George, January 14.—The Dorchester County Medical Association held its regular monthly meeting last Monday night. The incessant rains prevented a large number of the members, but nevertheless the meeting was held and a profitable and enjoyable evening was spent. A genuine turkey dinner was served at the Masonic Temple, and this feature of the occasion was thoroughly enjoyed by everyone present. Mrs. L. A. Reed had in charge the supervision of the dinner and everything was beautifully arranged and served in excellent style. Dr. Tupper, of Summerville, was present and read an interesting essay which had been prepared for the occasion by Dr. F. J. Carroll.

Medico-Chirurgical Club.

News and Courier, January 11.

At a meeting of the Medico-Chirurgical Club, held at the Roper Hospital Tuesday evening, the following officers for the ensuing year were selected: Dr. O'Driscoll, President; Dr. Speissegger, Vice President; Dr. Albert Nathan, Secretary and Treasurer; Dr. J. Avery Finger, Steward. The club meets monthly and has as its object the advancement of medical learning and general uplift of the health of the community. Its membership comprises many of the leading young physicians of the city.

Pres. Univ. Virginia to Address S. C. M. A.

Greenville News, January 13.

Dr. Edwin A. Alderman, President of the University of Virginia, has accepted an invitation to deliver an address before the South Carolina Medical Association at Columbia, April 17.

The acceptance of the invitation is conveyed in a letter received by Dr. J. W. Jervey, President of the Association.

Dr. Alderman is one of the leading educators of the country and gifted as a speaker. The society is most fortunate in making the engagement with him.

Noted Surgeon a Visitor—Dr. H. A. Kelly Spent Day at Ashley Hall.

News and Courier, February 5.

Dr. Howard Atwood Kelly, a surgeon of Johns Hopkins Hospital, was the guest last Thursday of Miss McBee, at Ashley Hall. Dr. Kelly is a graduate of the University of Pennsylvania, both in the arts department, and the department of medicine and surgery. He founded the Kingston Hospital, in Philadelphia. He has been honored by medical societies, both in this country and abroad. He is a member of American, British, French and Italian medical associations.

Death of Dr. J. Q. Wilbur.

The State.

Waterloo, December 4.—Dr. J. Q. Wilbur died early this morning at the home of his daughter, Mrs. Orbin King, near Cross Hill. He was 80 years old and had practiced medicine in Laurens county for over 50 years. The burial will take place tomorrow at Liberty Springs church in Cross Hill.

A FINE LINE OF STERILIZED SOLUTIONS.

Hermetically sealed glass ampoules containing sterilized solutions of important drugs for hypodermic use have assumed a commanding place in medicine in a comparatively short period of time. Two or three years ago, seeing the tendency in this direction, Parke, Davis & Co. brought out a modest line of something like a half-dozen formulas, notable among them being solutions of Adrenalin, Codrenin, and Cacodylate of Sodium. From this small beginning the line has expanded until now the company announces a total of about twenty distinct formulas. The full list, we understand, is now appearing in display advertisements in the leading medical journals of the country. Physicians who are interested in this advance in hypodermic medication—and every phy-

sician ought to be—will do well to search out these advertisements and familiarize themselves with the comprehensive line of solutions therein offered.

Solutions provided by the glaseptic ampoule, it is obvious, have several advantages over those prepared in the ordinary manner. They are ready for immediate use: there is no necessity to wait until water can be sterilized and cooled. Accuracy of dose is ensured, each ampoule containing a definite quantity of medicament. The solutions are aseptic; they are permanent.

Book Reviews.

Surgical Clinics of John B. Murphy, M. D., Volume I, No. 1.—The Surgical Clinics of John B. Murphy., M. D., at Mercy Hospital, Chicago. Volume I, Number 1; Octavo of 133 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Published bi-monthly. Price per year: Paper, $8.00; cloth, $12.00.

Dr. Murphy is considered by many to be the greatest living surgical teacher in the world. If so, this work will be for unusual interest. It is certain that a few American surgeons have had such a large number of medical men as visitors to their clinics. Dr. Murphy's teaching is *essentially clinical*, in our opinion, and just here is where the reading of the work under review will be appreciated.

Bear in mind these are stenographic reports of the cases as they come into the clinic, including the history of the case, the operative procedures and Dr. Murphy's remarks on the same.

* * *

Practical Treatment, Volume III.—A Handbook of Practical Treatment. In three volumes. By 82 eminent specialists. Edited by John H. Musser, M. D., Professor of Clinical Medicine, University of Pennsylvania; and A. O. J. Kelly, M. D., Late Assistant Professor of Medicine, University of Pennsylvania. Volume III: Octavo of 1095 pages, illustrated. Philadelphia and London; W. B. Saunders Company, 1912. Per volume: cloth, $6.00 net; half morocco, $7.50 net.

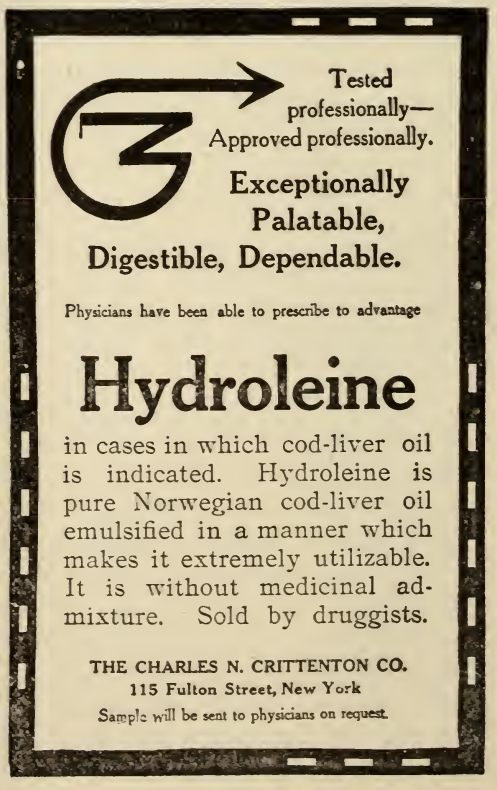
Volumes I and II of this work were very favorably mentioned in this department last year. Volume III, just off the press, deserves no less commendation. There are 38 contributors to this book, which in the main is devoted to constitutional diseases, respiration, digestion, urinary, nervous and muscular systems.

There is more of real practical value in these 38 articles than we have seen in a long while. The assembling of so many men of national and international prominence is worthy of note. The work has been exceptionally well edited so as to avoid repetition. There are some interesting sections, too, just a little out of the ordinary and on neglected but important subjects. For instance, the article by Stockton on functional diseases of the liver. Also the one by Moffitt on diseases of the muscles. The Mayo brothers have good articles on the surgery of the alimentary tract. There is a brief but practical resume of diseases of the mind which should prove useful for reference by the general practitioner especially.

* * *

Infections of the Hand. A Guide to the Surgical Treatment of Acute and Chronic Suppurative Processes in the Fingers, Hand and Forearm. By Allen B. Kanavel, M. D., Assistant Professor of Surgery, Northwestern University Medical College, Chicago. Octavo, 447 pages, with 133 Illustrations. Cloth, $3.75, net. Lea & Febiger, Philadelphia and New York, 1912.

It is strange that the surgery of infections of the hand has never before been properly explained, for this member is the most exposed portion of the human body, is the universal tool in all industries, and is indispensable for the great mass of mankind in making a living and in almost every



action of daily life. Anatomically the hand is tremendously compact, particularly in its various muscles, tendons and fasciae, and its direct connection with the lymphatics of the arm makes its infections highly dangerous. Dr. Kanavel has made a special study of all these problems, and has been able to reduce the hitherto unsatisfactory surgery of the hand to comparatively simple principles and directions. He has illustrated his work with many original drawings. Such a work will be needed not only by every surgeon, but also by all general practitioners, for injuries of the hand are met with everywhere, and require prompt and proper care. It is rare that any medical book can be said to render a high public service, but this is obviously true of the present work.



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Vol. VIII. MARCH, 1912. No. 3.

Editorials.

Provisional Program Annual Meeting South Carolina Medical Association, Columbia, April 16, 17, 18.

Address: Dr. E. A. Alderman, University of Virginia.

Address: Dr. George W. Crile, Cleveland, Ohio.

"Inquinal Hernia, Operative Treatment, vs. the Truss," Dr. C. F. Ross, Anderson, S. C.

"Remarks on Twenty-three Consecutive Cases of Gunshot Wounds of the Abdomen With Two Deaths," Dr. LeGrand Guerry, Columbia, S. C.

"Bronchoscopic Extraction of Foreign Body from a Bronchus," Dr. E. W. Carpenter, Greenville, S. C.

"Anterior Poliomyelitis," Dr. Charles Geer, Greenville, S. C.

"Some Remarks on the Eye, Ear and Throat in Their Relation to Some General Diseases," Dr. Edward F. Parker, Charleston, S. C.

"A Pregnant Fibroid Uterus With Delivery at Term," Dr. J. B. Britt, Princeton, S. C.

"The Role of Drainage," Dr. H. W. Rice, Columbia, S. C.

"Investigation of Sources of Typhoid Fever," Dr. F. L. Parker, Charleston, S. C.

"The Surgical Treatment of Stone in the Bladder of Children," Dr. R. T. Ferguson, Gaffney, S. C.

"Complete Prolapse of the Uterus, Complicated With Pregnancy," Dr. J. C. Harris, Anderson, S. C.

"Preventive Medicine in Private Practice," Dr. Fillmore Moore, Aiken, S. C.

"Focal Infections as Related to Constitutional Disorders," Dr. Andrew A. Walden, North Augusta, S. C.

"Some Neglected Factors in the Etiology and Treatment of Enteritis," Dr. F. M. Durham, Columbia, S. C.

"Medical Ethics," Dr. Davis Furman, Greenville, S. C.

Subject unannounced, Dr. A. B. Knowlton, Columbia, S. C.

"Auto-inoculation in the Treatment of Pulmonary Tuberculosis," Dr. C. F. Williams, Columbia, S. C.

(1) "Some Recent Observations on

Salvarsan," (2) "Vaccines," Dr. C. W. Barron, Columbia, S. C.

"Treatment of Some Cases of Diseases of the Posterior Urethra," Dr. P. V. Mikell, Columbia, S. C.

"The Necessity for County Medical Associations in Relation to Medical Legislation," Dr. A. M. Brailsford, Mullins, S. C.

Program Fourth Annual Meeting of the South Carolina Society of Medical Secretaries, Columbia, S. C., April 17, 1912, at 8:30 a. m., in the private dining room at Colonia Hotel:

Breakfast.

Business.

Election of officers.

Informal talks.

Officers: Chairman, Dr. C. C. Gambrell, Abbeville, S. C.; secretary-treasurer, Dr. L. Rosa H. Gantt, Spartanburg, S. C.

The Provisional Program and the Annual Meeting of the State Association, at Columbia, April 16, 17, 18.

Owing to the time, more than a month, of sending to the printers copy for this issue of the Journal we are unable to publish as complete a provisional program as we would like. The titles we have in hand promises a scientific treat. The invited guests are among America's most distinguished men. One of them will deliver an address at the opera house on the evening of the 18th. The public will be invited to attend this meeting. The final program, giving all the data for the annual session, will be mailed separately in ample time. It is not too early, doctor, for you to make your plans to attend!

Scrutinize carefully every "fistula" near the anus; a skin-lined sinus is the median line, in front of or behind the anus, is congenital and usually leads to a small dermoid.—*American Journal of Surgery.*

The Veto of the Medical Inspection Bill.

The keenest disappointment the profession of the State has been called upon to suffer in recent years resulted from the veto by the Governor of the Medical Inspection Bill. Probably no piece of legislation ever undertaken by the medical men of this State had such unqualified endorsement from so many sources. The justice and far-reaching benefits which necessarily must ensue appeared so patent that almost beyond the most sanguine hopes of those who labored for the cause, the people everywhere, of all classes and conditions, proffered their support. The genuine approval of the measure was probably unprecedented in as much as it involved largely scientific matters. The General Assembly recognized the merits of the bill and passed it, with some amendments. We should be profoundly grateful to all those who fought for its passage. We believe that the cause has been so thoroughly discussed that ultimately it will succeed. We believe also that this discussion and temporary delay will lead to great improvement in the bill when the time appears opportune to present it again. If we lose a year or two but gain a mandatory law the veto will prove a blessing in disguise. There should be renewed efforts by medical societies and individual physicians to introduce medical inspection of schools voluntarily. Especially should this be done in schools where the children need it most, owing to their environment and the financial condition of their parents. The movement should become State wide in reality. Physicians should seek appointment on boards of school trustees, for there is no man in the community more valuable in this capacity than the educated doctor and few can accomplish so much.

There are some lessons we might learn with profit anent the experience we have had in this legislation and indeed

for all legislation on preventive medicine. Among them the following:

That medical men in the Legislature, as a rule, who are active members of their county and State associations, and who often attend the meetings of the same, will rarely fail to support the measures advocated for the public health. In other words, a live county society in every county in the State is sometimes a *sine qua non* if we ask for medical legislation.

Again: Medical men of the very best training and successful in practice should more frequently offer as candidates for politcal honors.

Is the Average Physician in South Carolina Prosperous?—If Not, Why Not?

A number of letters to this Journal and articles in the lay and medical press in recent years, together with the stand taken by our own Association on the insurance fee question not so long ago, prompts this inquiry.

The *Delaware Medical Journal* has undertaken to investigate the financial status of the physicians of that State and, finding the same deplorable, proposes a crusade to remedy conditions. The editor of this Journal is willing to undertake a similar service, provided the situation warrants, and the members of the Association approve of the scheme. The editor has some letters on file indicating that some localities have physicians, members of our medical societies, who disregard the customary scale of charges for services either as insurance examiners or as physicians and surgeons. How is it in your community, doctor? A letter giving the facts and helpful suggestions will be appreciated and held strictly confidential.

The Society of Medical Secretaries of the State Association deserves the fostering care of all those who are in a position to encourage it. This year the Society will be peculiarly fortunate in the time and place selected for its meeting. Every officer of the State Association, as well as the secretaries of the component societies, should be present.

Original Articles.

A Remarkable Case of Nasal Polypi.

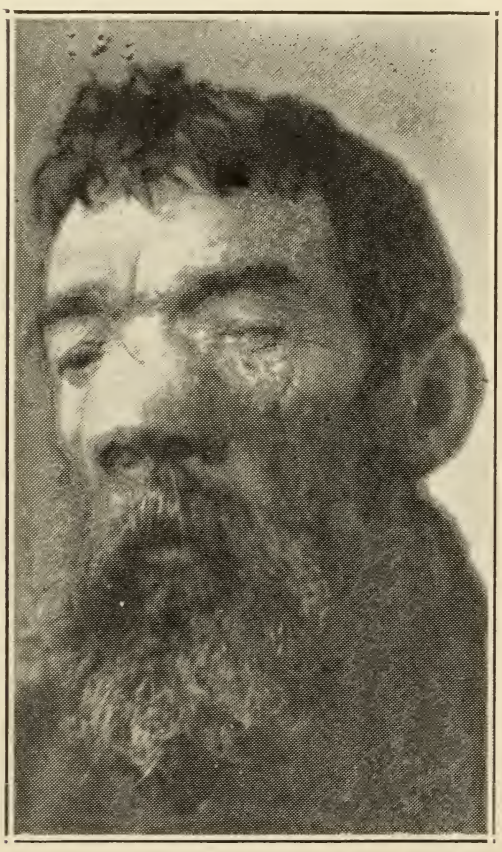
By J. W. Jervey, M. D., Greenville, S. C., Read Before the Southern Section of the American Laryngological Rhinological and Otological Society at New Orleans, February 16, 1912.

Two or three years ago I happened to have the first place on the program of the Southern Section meeting. I read a paper upon tonsil surgery. The net result was a couple of hours of animated conversation, in which one could almost begin to realize the seriousness of that famous contretemps of the early nineteenth century at the University of Göttingen, when it was so convulsed by controversies over the Brunonian System that contending factions, encouraged by the professors, met in combat and could only be dispersed by a sorti of Hanoverian horse. After a lively two hours, almost Pickwickianly suggestive of such an event, our dear wise president, the popular McKimmie, announced most properly that there were a few other papers on the program and that no further conversation on tonsil surgery would be permitted. Even now the memory of that occasion grips me like a double Nelson, twined, as it were, behind the cervix of my soul, and in this distinguished presence I dare utter nothing of a controversial nature.

It occurred to me that if there is a trite and harmless subject in the realm of rhinology it is nasal polyps. I have chosen, therefore, to record here a case of this affection. It was interesting to me because of its extensive development in

growth, its evident deleterious influence upon certain neighboring structures and upon the mentality of the victim, and because in spite of its size and its pressure symptoms there was a total lack of evidence of existing active or latent involvement of any of the accessory sinuses—still, again I beg to observe, it was only polyps, nothing more.

CASE: State of South Carolina, City of Greenville, November 24, 1911—To



Whom It May Concern, Greeting: Personally appeared before me for consultation one D. P. G., who, upon being duly catechised, deposes and says: That fifty-four years ago he was born, and has since resided, in the neighboring county, at times colloquially referred to as "the State of Pickens," and in the backwoods of the same—which, to those who know their Pickens, is somewhat suggestive of retirement, not to say reclusion; that he is married and without progeny; that for twenty-four years he has suffered, sometimes more, sometimes less, from a growth in his nose; that, being visibly, even eloquently, unsophisticated (or wise in his day and generation, according to one of two several and certain points of view), he has heretofore refrained, on account of the possible contingent expense, from consulting so important a personage as a rhinologist; that even now he is without adequate funds, but, by reason of the many years of total blindness of the left eye, and the rapidly increasing blindness of the right, the constant sense of painful pressure in the structure about the growth, the serious embarrassment of his respiratory function, the increasing interference with speech and deglutition, the growing deafness, and the importunities of family and friends, who had observed with anxiety his increasing feebleness of mind and body, he had at last been persuaded to seek relief; and that he had no personal history of any dyscrasia or diathesis such as might be suggested by the questions of the examiner; in other words, save for the local head symptoms, his personal history was purely negative.

Examination disclosed, first, the general appearance as recorded in the accompanying photograph. His mental torpor and spiritless resignation and inability to concentrate his wits lent a suggestion of callousness which his relatives declared was unnatural.

Completing the first casual inspection, his small stature, stooping carriage and shuffling gait gave one the distinct, if erroneous, impression that here was an anthropomorphic being, but hardly a man. Alas, Mr. Chairman, that, primitive as he appeared, he was not speechless, for had he been we might have thrilled the world with the only dead or living specimen yet discovered of Hæckel's hypothetical Alalus, fresh from the esoteric depths of the tertiary epoch—and "the State of Pickens!"

The whole nasal appendage was heightened and greatly broadened, the nasal bones being pressed outward to an angle of about forty-five degrees on each side, and the entire structure was very tense and resistant. The growth showed slightly protruding from the anterior nares of a reddish, but somewhat dry and crackled appearance, and accompanied by a slight muco-purulent discharge from around its edges. A delicate blunt probe could readily be passed between the growth and the walls of the nares. Curiously enough, the intermaxillary suture was not spread open, but the divergent strabismus gave the appearance of displaced orbits, though of course this was more apparent than real, the internal walls being encroached upon by the growth after the absorption of most of the ethmoid structures. The cornea of the left eye was completely leucomatous and the eye blind, while in the right eye there was a cataract, nearly mature, which reduced the vision to hardly more than light perception. The hearing, right and left, was barely good for ordinary conversation, and there had been no other ear symptoms. Upon inspecting the pharynx the soft palate was seen to be pressed forward, the growth completely filling the naso-pharynx and protruding well below the lower border of the palate. I regret that I did not have a photograph made of this aspect of the case.

Operation was done in two sittings under local anesthesia. From the right side (including part of the pharyngeal growth) I removed three and one-half ounces of polyps (nearly a quarter of a pound), of which the accompanying photograph is a life-sized reproduction. From the left side there was slightly less, though in all the mass was little under one-half pound in weight. Subsequent inspection showed practically the entire disappearance of all the prominent intranasal structures from pressure atrophy and absorption, with the exception of the septum, which remained intact. Immediate and great relief and prompt recovery followed, and marked mental improvement was noticeable at the end of the week during which the patient was under observation.

Many cases have been reported in which large numbers of polyps have been removed, and in the Vienna Clinics I have seen enormous collections of polyps removed in successive sittings from the same nose, while Ballenger in his book refers to a case reported by H. W. Loeb, in which the latter removed 308 polyps from the patient's nose in one sitting. Necessarily these must have been of small dimensions, or perhaps even multiple nodules of a fewer number of larger units. In my case the cause of the eye lesions must be problematical, for there was no evidence of sinus disease which might have affected the orbital structures, and to my mind it is doubtful if the intranasal and pharyngeal pressure could have so interfered with bulbar nutrition as to bring about the radical ocular changes. In addition to the cataract in the right eye, the available evidence pointed to a more deep-seated intraocular pathology. The eye conditions may readily have been secondary and due directly to the general nutritional decadence.

A specimen of the growth removed, taken at random, was examined by Dr. T. R. W. Wilson, pathologist, and he reported the growth to be a mucous polyp, pure and simple, though some of the formations were of a cystic nature, which, I believe, is rare.

Now comes to us a most interesting and, I believe, unusual development. This communication was prepared and supposedly finished at this point. A possible, even a probable, recurrence of polyps was anticipated, but not the event that subsequently transpired. Seven weeks after the first operation the patient reappeared, presenting almost

precisely the same condition for which he had first applied for treatment. This, if you will pardon the vernacular, was going some. I had expected a shower, but I was neither so just nor so unjust as to be prepared for a torrential deluge—of polyps. My suspicions were aroused from a tranquil hibernation, and I took more specimens of the original growth to Dr. Wilson for microscopic investigation. After several sections had been inspected, with negative information, a cut was taken from a point just at the base of one of the polypoid formations, and here, at last, the key was found that unlocked the secret chamber of a giant-celled sarcoma.

A secondary operation was then performed, and more thoroughly than the first. The polyps, for clinically they were still simply, and evidently, and only polyps, were removed, and with them the remnants of the middle turbinates and anterior ethmoid cells, the areas of excision being then cauterized as well as possible with tri-chloracetic acid. Two weeks later no sign of reappearance was there, but, as you will all doubtless agree (and at least let us rejoice over this pretty harmony), the unwelcome guest, like the fabled cat, is certain to come back; and *that,* unlike the honorable James J. Jeffries, before darkness overtakes him.

This time the microscope revealed a plentiful scattering of giant cells. Singularly enough, however, and I call it to your especial attention, some of the growths, clinically polypoid in appearance, were found, on section, to contain large nuclei, of firmer consistency than the enveloping polyps. These nuclei were of a light brown color, about the shade of dead lawn grass, and the margins were sharply defined and regular. They were each completely isolated within their enveloping polyps, and with no link of continuity to other tissue. The microscope showed these nuclei to be unadulterated giant-celled sarcomata, and the cortical containers proved to be simply mucous polyps. Verily each a wolf in the vestments of a lamb.

It seems to me to be a reasonable inference that this case in its incipiency, and for many years thereafter, was really and truly a plain case of nasal mucous polyps. Later, following nutritional changes, whether from pressure or other causes, or perhaps following some natural but unknown law, degenerative variations occurred, rapidly transforming the growth into a malignant type.

I can find no reference to any development of this sort in any of the textbooks at my immediate command. It seems, at any rate, to teach the possible danger that even the most benign of neoplasms, through prolonged neglect—and how much more or less prolonged, which of us can say?—may convert itself, or be converted, into a living illustration of General Sherman's immortal definition of war.

The Early Diagnosis of Cancer of the Uterus.

By F. T. Meriwether, M. D., Asheville, N. C., Read by Title Before the Tri-State Medical Association, Columbia, S. C., February 21, 1912.

I feel that it is the duty of every family physician to make early examinations of his patients when they have irregular flowings, leucorrhœa, etc., but I sometimes think we possibly expect too much of him. It is much harder for him to get to make the examinations, and when he has made them, oftentimes he does not know just what he has found. He cannot be very familiar with the weight and significance of all of the early symptoms of uterine cancer, except those subjective, and a digital or a specular examination does not reveal so much to him as one who is seeing these cases daily. The family doctor has his hands full trying to keep up with the general work, and he should not be expected to be very skillful and

learned in these special lines any more than we should expect him to be up on the eye or the nose.

It is so easy for us who so often see malignant cases of uterine cancer too late, way too late, to reflect upon the family physician and to blame him for not examining the case thoroughly, but in a great many cases he has really not had the opportunity to make such an examination. The patient may have only asked for some medicine to relieve some little symptom, or may have telephoned for it; or possibly the physician has advised a thorough examination and the patient puts him off, and so things go on until they both recognize that something is seriously wrong, and then when an examination is made and the patient is sent to the gynecologist, it is found that she is suffering from a far-advanced carcinoma. But I do not believe that the family physician is to blame, though of course this is true in many cases, but certainly not in all. And then we must acknowledge this fact, that the family physician is only getting a small fee for these examinations and the human element comes in, and one is apt to slur over the examinations, whereas the specialist gets five to ten dollars and it is natural for him to take more time and make a more thorough examination.

This should not be so, but it is. The ideal situation would be for the general practitioner, having full confidence in the integrity of the specialist, on the first intimation of what might be some serious trouble, to send the patient for an examination and a report back to him, and not to the patient, and then he could advise what to do. Having done some general practice myself, years ago, I know the hesitation the physician has in sending cases to the specialists, and the difficulties attending it, but I think the future will develop a more friendly feeling between us all and a resultant fairness of treatment. I am sure that no one attempting to specialize, wants to treat general cases, or cases outside his special line, though occasionally he is placed in a position when he is virtually forced to do so. And then the patient when she goes to the specialist will give symptoms, often very obscure ones, and undergo examinations that the family physician would not have obtained, for she is going for that particular purpose.

Now, we must not expect physicians to make diagnoses in special lines other than his own, nor should we criticise him if he fails to make a correct diagnosis, but he does *fail* to do his duty if he does not advise his patients to see some one who *will* examine her and report to him the trouble.

What the family physician should do is to familiarize himself with the symptoms that *might* denote a malignant condition, and if these are present either insist upon an examination or send the patient to some one else who might find the trouble.

In many cases nothing but an old tear, or possibly a displaced uterus might be found, or a glandular hypertrophy, but the patient's mind would be at rest, and the doctor would have done his duty.

There might be said to be three stages of uterine cancer, whether squamous celled or adeno- or cylindrical celled carcinoma; the first stage being almost impossible to diagnose, except by a thorough microscopical examination, being characterized by a slight increase of the menstrual flow, probably an increased leucorreal discharge, and in examination, a slight increase in the size of the cervix or uterus, or both, with congestion and other signs of inflammation. This, of course, is the ideal time to operate, but very few cases fall into the hands of the gynecologist then.

The second stage is one of ulceration, very marked increase of the flow, possibly slight hemorrhages between the regular periods, particular upon exercise or

coitus. The discharge becomes somewhat purulent and with a noticeable odor, examination showing marked engorgement, or breaking down of the cervix, possibly some cauliflower excrescences, the uterus bleeding freely upon examination, or by rubbing it with a probe. At this time it is comparatively easy to make a diagnosis, and an operation is usually successful so far as recurrence is concerned.

In the third stage cachexia is manifesting itself, the uterus is enlarged, in most cases probably fixed in the pelvis from extension out into the broad ligaments, or towards the bladder and rectum; profuse hemorrhages, foul discharge, examination showing the tissues breaking down rapidly, some rise of temperature often, particular in the squamous celled carcinoma of the cervix, from the absorption of the toxines of the pus; in fact every evidence of a malignant growth. In these cases operation is almost always hopeless, though I believe they should have something done, if only a curettage, and the use of the cautery. They are absolute hopeless cases, and the operator should not regard his statistics, but should do what he can to make these cases more comfortable, at least, and occasionally he will save a life, and will often prolong the lives of others.

Any woman, particularly those who have born children, having reached the age of thirty-five or over who have a profuse flow, with marked leucorrhœa, should be examined at regular intervals to determine the condition present, particularly if there has been a history of cancer in the family. While Cullen states that in 82 per cent. of his cases he could exclude heredity, I feel sure that in a large percentage of my cases heredity plays an important part in the causative conditions. I will not discuss the various theories of the cause or causes of cancer, but will say that despite the best authorities Cohnheim's theory, plus traumatism, seems to fit the case the best. Statistics bear out the fact that a laceration of the cervix is the great source of cancer of the uterus. Even in nullipara, who develop carcinoma, there will often be found a history of a previous dilation causing a traumatic tear. Therefore every laceration of the cervix is a possible potential cancer.

Many more cases of cancer die undiagnosed than we think, for while I do not suppose that any one today even imagine that the "change of life" kills one, as so often used to be thought, and which I have seen so stated on the death returns, still a great many women die from cancer called "stomach disease," "kidney trouble," "peritonitis," etc. These are from my own experiences.

A woman about the menopause who is cachetic and whose flow is irregular should be looked upon with great suspicion and until examined and the uterus excluded should be watched very carefully. The most deceptive cases are those of adeno-carcinoma of the body. Often the cervix looks healthy and bimanual examination reveals nothing, and there is only a history of irregular bleedings, loss of strength and possibly a little discomfort in the pelvis. There is usually a marked cachexia in these cases, and while the patient may be fleshy, possibly may weigh more than ever before, and even be gaining in weight, the color is bad and the flesh is flabby and almost spongy.

Such a case is this one: Mrs. M., age 47, four children, slightly torn in an early delivery, has been in fairly good health until the last few years, since when she has had an irregular flow, usually coming on about the normal time and at first lasting a week or ten days. No leucorrhœa of any amount, has gained some weight but no strength, is pale and short of breath, has been cureted several times, once about eight months ago. No examination has been made of the curettings. For the past six or eight months she has

a flow, not very pronounced, lasting for two or three weeks, and then she would miss two or three weeks. My examination showed only an apparently slightly enlarged uterus with a suspicion of fullness just above the internal os, in the uterine wall. In view of the history and the apparent bad condition, though she was stout enough but had a bad color, could take no exercise and evidently was a sick woman, I advised a hysterectomy. I did this by the vagina, because she refused to have it done any other way. Bleeding was quite excessive, so I left on clamps. She made a good recovery, with the exception of a phlebitis in the left leg. The uterus before cutting into it looked almost normal, but a thorough examination showed adeno-carcinoma of the body extending half out through the muscle, confirmed by the microscope.

Adeno-carcinoma may never ulcerate until the very last stages. It is very rare in the cervical part of the uterus, for the greater part of the cervix is covered with squamous epithelium. The entire surface of the uterus may be involved and yet the peritoneal surface may be as smooth as normal.

Mrs. B., age 74, passed menopause twenty-odd years before. Six months before had a slight hemorrhage and a little flow afterwards. Dr. Watson, of this city, curetted what he thought was a small polypus. I saw her about three months after this, and after watching her for a couple of weeks, during which time her uterus seemed to grow slightly until it was about the normal size, and a slight flow kept up, staining her clothes. I did a vaginal hysterectomy in this case. The patient did finely for about three months, and then the pelvis began to fill up with a recurrence, and she finally died six months after the operation. The uterus looked practically normal, but on cutting it open there was a small ulcerated spot one-fourth of an inch in diameter at the upper left cornua, from which had evidently been curetted a small tumor. Otherwise microscopically it looked quite healthy. Microscopically, however, the ulcer was an adenoma carcinoma, and my operation had left enough either in the broad ligaments or the iliac glands to cause a recurrence.

Mrs. Y., age 24, one child, six years ago. Three years ago she developed slight irregularity and an increase of the flow, and a discharge without much odor. This increased, and last summer she saw two physicians, who treated her. Now *they* should have made a correct diagnosis, but did not. About a month ago Dr. Hunnicutt, of this city, saw and examined her, and I operated two weeks ago. Not only was the uterus entirely infiltrated, but the upper two inches of the vagina and the broad ligaments were both involved, and in spite of a most complete dissection, I am quite sure she will have a recurrence within the next year.

A good many years ago I was an enthusiast on doing most of my hysterectomies for cancer by the vagina, but at present the abdominal route is my preference. In doing a vaginal hysterectomy you cannot make as thorough a removal as you can by the abdomen, and I feel recurrences will happen more often, other things being equal. Even though you should not want to remove the glands when operating by the abdominal route, it is evident that you can remove all of the broad ligament out to the sides of the pelvis with its lymphatics. In carcinoma I always do this, clearing out in every case, taking tubes and ovaries and everything. This leaves a double cresentic raw surface across the pelvis, but everything has been cleared out, and it can be covered over with the peritoneum very easily.

I feel that if all the lymphatics along the common iliac have to be dissected out, the disease has progressed too far, and the chances are very much against the

patient's permanent recovery, and only a temporary benefit can be gained, so I can see no use in attempting it. These glands are often enlarged, but it is with a small round celled infiltration, of inflammation, not a malignant infection. I operate upon from fifty to sixty cases every year for cancer of the uterus, and I see them in all stages, and I know a great many of them are hard to diagnose even when they have developed quite far.

Mrs. S., age 54, regular menses, health good except she is nervous and does not sleep well, history good, came to Asheville to consult a neurologist. No one before had examined her uterus, because she had no symptoms pointing that way. Dr. Carroll examined her and advised a sewing up of a laceration before he treated her nerves. The uterus was somewhat enlarged, flabby and the cervix knobby and rough, two deep lacerations very much inflamed. I cut a section out of the cervix and found a very apparent proliferation of the squamous cells, in fact a typical picture of a squamous celled carcinoma, with commencing cauliflower growth. A hysterectomy was done and the patient four years later is in good shape.

Mrs. M., age 43, has had asthma for several years, slight mitral murmur, shortness of breath, attributed to asthma and heart. Slight irregularity of flow and it was possibly a little excessive. Slight leucorrhœa. I saw her with Dr. Weaver. The uterus was only slightly enlarged, the cervix eroded, but at the base of a laceration there was a raw spot. Hysterectomy complete adeno-carcinoma of the body not involving the muscle. Now this case I thought perfectly safe, but three months later she came back with a recurrence near the vulva.

Mrs. H., age 44, fairly good history, cancer in the family. She herself was well until last April when she had an eight-months baby. Dr. Moore, of Canton, who is a careful man, found nothing abnormal at that time. After two months she commenced to flow excessively. Two months later she had a profuse hemorrhage. She had three such during the next two months. Dr. Mease examined her at that time and found the whole vagina full of cauliflower excrescenses. I saw her four days later, and operated five days afterwards. At this time the entire uterus was involved, the growth probably extending out to the sides of pelvis. Unfortunately she died from shock.

Mrs. N., age 55, a sister of the latter. Last fall she commenced to have a slight bloody discharge between the menstrual periods. In December she saw Dr. A. A. Nichols, of Sylva, who found upon first examination a probable cause in a pedunculated fibroid polyp, but on getting her history and making another examination he decided that she possibly had carcinoma of the cervix in addition to the polyp. When I saw her I agreed with him and at the operation I started to do a high amputation of the cervix, removing also in that way the polyp which was attached to it. In doing the operation I got into the peritoneal cavity, and, finding the fundus nodular, I did a vaginal hysterectomy. Upon cutting the uterus open I found a carcinoma also of the body. She is doing finely.

Now these cases could hardly have been diagnosed earlier, for they had been in the hands of good men, so I am not at all in favor of too much criticism of the general practitioner for not making an earlier diagnosis. In fact I am often astonished to get cases in which the family physician has made a most excellent diagnosis, sometimes probably earlier than I could have done. All the gynecologist should do is to urge the physician to examine his patients and to examine them thoroughly, and it is more than likely that the family physician will make just as early a diagnosis as the specialist.

The Successful Removal of Two Pieces of Steel From the Eye With the Electro-Magnet.

By Charles W. Kollock, M. D., Charleston, S. C., Read Before the South Carolina Medical Association, Charleston, S. C., April 19, 1911.

This operation is more frequently and easily performed since the X-ray has been used to determine the presence and location of the foreign body. In the cases about to be reported the X-ray was not used as both were seen soon after the accidents occurred, when the wounds were still open, and in one the body could be seen imbedded in the lens. The magnet used is known as the Parker magnet, and it is claimed that it will lift a weight of twenty-five pounds.

Case 1: J. B., a young white man, was sent to me by the street car company of Charleston, August 19, 1910. He said that while holding a piece of pipe for a fellow workman to cut that something struck him in the eye, but that he did not think that it had entered and there was little or no pain. He could see the light and perhaps the shadows of large objects. I saw him about an hour after the accident had occurred and found a wound near the center of the cornea about 2 mm. in length, the anterior chamber empty, the edge of the iris wounded and the lens already becoming cataractous. I decided to try the magnet without waiting for an X-ray examination, which would cause a loss of time that is valuable in these cases. After cleansing and cocainizing the eye the magnet was cautiously brought near the wound but did not touch it. Almost immediately there was a slight bulging of the iris against the cornea at the upper-inner quadrant. The magnet was then carefully manipulated near the lower and outer edge of the cornea as it was evident that the foreign body had entered from below and ranged upward. In a moment the fragment slipped from the wound and adhered to the point of the magnet. It had passed through the cornea about its center, wounded the pupillary edge of the iris, passed through the lens and entered the vitreous chamber. The wound was carefully cleansed, atropia instilled and the eye bandaged. Reaction was not very marked in this case and pain not severe. The patient was seen every day and the eye treated in the usual way for such injuries, viz.: by cleansing, instilling atropia (and later of a 1 and 2 p. c. solution of dionin) and bandaging. The wound healed promptly and the pupil dilated irregularly on account of the iris having become attached to the lens. At the end of two months the eye was quiet, the lens had been absorbed, the pupil was partially clogged by the opaque capsule and there was a very little vision—about enough to see large objects. The man then returned to his work and has had no further trouble. I shall take pleasure in showing him and his eye to you and you will see that the eye looks quite natural from a distance and is but little disfigured when viewed from a nearer point. While there is no vision, he is infinitely better off than he would be if it had been necessary to remove it. I do not think that the eye will ever give trouble, but of that I cannot be positive. I have cautioned him that if it ever becomes inflamed and painful to have it looked after at once, for we all know that there is a possibility of sympathetic inflammation in the good eye after such injuries.

Case 2. J. C. H., white, age 58 years, an engineer on the Atlantic Coast Line Railroad. On the 27th of August, 1910, just eight days after the above recited occurrence, he was struck in the right eye by a piece of steel which flew from a cold chisel while he was working on his engine at Florence, S. C., about 10 a. m. He ran his engine to Charleston, a distance of 100 miles, arrived about 1:30 p. m., and at once consulted Dr. C. P. Aimar, the road surgeon, who referred him to

me. It was between four and five hours after the accident had occurred when I saw him. The wound was almost in the center of the cornea and the fragment of steel had passed straight through the pupil into the lens from which it projected into the vitreous humor. The eye was cleansed, cocaine instilled and the point of the magnet held directly in front of the wound. The piece of steel was quickly extracted and the eye treated as the other had been. In this case the injury happened about four and a half hours before I saw it and the eye had been exposed during the run to Charleston, a distance of one hundred miles. There was more reaction in this case than in the other and the wound became slightly infected. The eye was kept bandaged until the corneal wound had healed and solutions of atropine and dionin (1 p. c.) were instilled several times a day for at least two months. The subsidence of the inflammation was slow, on account of the infection, and more than three months passed before the eye became quiet. This patient has consented to come here and let you see the result and you will notice the scar in the cornea and that the pupil is pretty well occluded. He can see the light but I believe that is about all. I have advised that as long as the eye is quiet to leave it alone.

The pieces of steel have been pasted upon a sheet of cardboard near diagrams, which show where they entered the eyes, the parts injured, and their final resting places. The dimensions are as follows: That of Case 1 is 8 mm. long, 3 mm. wide and about 1 mm. thick. That of Case 2 is 5 mm. long, 2 mm. wide and 1 mm. thick.

I may add that I have successfully removed five fragments of steel and iron and one of stone from the interior of the eye. In the first the piece entered to the inner side of the ciliary body and was withdrawn from the vitreous chamber, with a magnet, within an hour after the accident occurred. Perfect vision remained in this case. In No. 2 the foreign body was imbedded in the iris and impinged against the lens, which had several opaque striae near that point. This was removed through an incision in the cornea by grasping it with a pair of forceps. Vision, which was impaired at the time, became normal and several years later there were no signs of cataract. No. 3 had the foreign body in the lens and it was, after many trials, removed through a corneal incision with the aid of the magnet and forceps. The lens became cataractous. Nos. 4 and 5 are the two cases first reported in this paper and 6 was an old traumatic cataract that had been caused by a fragment flying from a millstone that was being roughened. It had been in the eye for several years when I removed the lens and found it in the center. Good vision was obtained with glasses.

Report of a Case of Parinaud's Conjunctivitis.

By J. G. Johnson, M. D., Chester, S. C.,
Read Before the South Carolina Medical Association, Charleston, April 19, 1911.

The rarity of this disease is my only excuse for taking up your time with this report, as well as rapidly running over some of the more prominent symptoms. The case about to be reported was referred to me, and I saw at once that I had an entirely new disease to treat from any that I had ever seen, and as my attention had never been called to Parinaud's conjunctivitis, I had to rely on my own initiative in the treatment.

Parinaud's conjunctivitis is a self-limited, infective, inflammation of the eyelids, with the formation of large polypoid granulations on the conjunctival surface, together with marked swelling of the glands of that side of the face and neck. It is usually unilateral.

Cause: Parinaud, himself, believes it

to be of animal origin. Of this I cannot speak authoritatively, but in my patient, a boy of 14, and his dog were almost inseparable companions.

Symptoms: The lids were markedly swollen, and at first sight has the appearance of gonorrhœal ophthalmia. The discharge is free, however, for a very short time, and no gonococci can be found. This swelling takes place suddenly and gradually passes away as the case progresses toward recovery. Upon examining the conjunctiva, we find it the seat of large granulations, which may be on the ocular conjunctiva as well as on the lids. Sometimes these granulations are polypoid in character. Occasionally we have chemosis of the ocular conjunctiva. The cornea is usually unaffected, though such affection takes place occasionally. One of the prominent symptoms is the marked swelling of the glands of the face and neck of that side. These glands may be very tender on pressure, and seemingly would suppurate in spite of treatment, but such termination seems to be very rare.

Prognosis is good, as the disease tends to get well of itself. They usually recover in from two to six months. Personally I am of the opinion that they could be cured much more quickly if we saw them earlier and could begin to treat them more promptly.

As for treatment, nitrate of silver seems to have the preference, though many other things, as sulphate of copper, bichloride of mercury 1 per cent., cyanide of mercury 1-10000, have been used. Some rely on surgery, in clipping off the granulations, and once, at least, the whole of the affected conjunctiva, as well as the underlying tarsus, and, by the way, this tarsus was healthy, was removed. This is merely mentioned to show that so far there is no unanimity of treatment.

M. N., age 14, was referred to me on October 4th, after having suffered for three or four weeks with an intractable condition of the right eye. I found the eye much swollen, in fact almost closed, and the glands in front of the ear and along the neck enlarged. He was pale and lacked appetite. He was going to school, but work hurting the eye, he was in the habit of wearing a black silk flap over it. There was some discoloration around the eye. On opening the lids the conjunctiva was found covered with large flat polypoid masses, some of them being more or less pedunculated. This was more noticeable on the lower lid, the conjunctiva of the upper looking more like simple elevations, but they lay so close together that they covered the whole surface. The cornea was not affected, nor did it become so at any time during the course of the disease. The pupil was normal throughout, as was also the iris.

At the time he was referred to me he was simply using a boric acid wash and taking an iron tonic. I saw at once that this was something that I had never seen before, and it was not until I read an article on Parinaud's conjunctivitis in the January *Ophthalmic Record* that I recognized the nature of the trouble. This right eye was treated from October 4th to November 20th. At first every day, then every other day, and finally twice a week, until normal condition was reached. He was allowed to continue his tonic and the boric acid wash, but in addition, after cocainizing the eye, vigorous application of a two per cent. solution of nitrate of silver was made, by means of a cotton-wound applicator. The excess was washed off after having been left on for two or three minutes. The good effect of this line of treatment could be seen after about a half-dozen treatments, but it was not until November 20th that the eye condition was practically normal, although at that time the eye still had the appearance of being a little swollen. This appearance of swelling had entirely passed away by Christmas, and the eye has been normal ever since.

On December 3d, or just about two weeks later, the left eye began to show signs of the same trouble. There was the swollen look, with probably some slight swelling of the glands on that side of the face. The lesions of the conjunctiva were confined to the lower lid and the granulations were not nearly so large as in the other eye.

The same treatment was carried out in this as in the other eye, and in twenty days, or on December 23d, the left eye was also well, and has remained so until this time. Whether the left eye was a genuine case of Parinaud's conjunctivitis I cannot say positively, yet it responded to treatment very readily, which may have been due to the fact that treatment was instituted at once. There was certainly some things about it that led me to believe that it was going to be like the other one. I regret that I did not see the first one until it had been affected for some time, as I might have been more able to speak positively of the last one. If the left eye was a genuine case, it seems to teach that it can be controlled very much more readily when treatment is begun in the incipiency of the disease.

The Treatment of Alcoholism—Who Shall Treat It?

By Walter Cheyne, M. D., Sumter, S. C., Read Before the South Carolina Medical Association, Charleston, April 19, 1911.

It must be granted that the rank and file of the medical profession have no pleasure in the treatment of alcoholism, and from this attitude of the profession certain grave errors of the methods and mode of treatment now exist.

While waiting for train connections one Sunday in a city of South Carolina I took the opportunity of visiting a much-advertised institution in that city. Patients were very much in evidence in various degrees of somnolence. I was surprised to have the gentleman who received me inform me that he was not a physician, that Dr. Blank was away in another State, and that Dr. Blank alone knew the formulæ of treatment, which was never revealed to any one. The condition existing there was the treatment of patients by a layman with a formula of which he knew nothing; and I confess that two patients had previously been sent by me to this institution for treatment. I know, too, like conditions prevail in many other cities. No man without his hundred dollars or more ever is received as a patient, although the drugs given him cannot cost more than two or three dollars, and his eating at this time is not particularly noticeable; and this money is in many instances by the patient borrowed.

Men and brethren, this is not giving the sinner a square deal. The treatment of alcoholism, acute or chronic, is just as scientific as the treatment of any other disease.

The factors of treatment are:

(1) The elimination of the poison, alcohol.

(2) The restoration of the nervous and digestive system.

(3) A change in environment.

The question before the physician, with each patient he treats is, Can I restore this man's mentality to a degree where he can decide for himself whether he shall stay sober or get drunk? His mentality versus lunacy. Where heredity does not enter as a factor, the answer is most favorable. When your patient has a desire for alcohol which is hereditary, your prognosis of cure must be doubtful. Our failures are from these cases.

The Towns treatment adopted by Dr. Alex. Lambert is one of the best, and I propose to repeat his treatment as set forth in the J. A. Med. Assoc. September 25, 1909.

The specific in this treatment is the old 15 per cent. tr. of belladonnæ and

the fluid extract of xanthoxylum (prickly ash) and the fluid ext. of hyoscyamus mixed in the following proportions:

	gm.	
Tincturæ Belladonnæ	62	oz. ii
Fluid Extract Xanthoxyli		
Fluid Extract Hyoscyami	aa 31	aa oz. i

The most energetic, drastic, cathartic medication is necessary to obtain the desired elimination and to make their bowels move satisfactorily. This cathartic medication forms one of the crucial points in the treatment. Unless it is carried out, the treatment will fail and the patients suffer intensely and to no avail.

The most useful combinations in my hands have been the compound cathartic pills of the pharmacopœia, which contain:

	gm.	
Extracti Colocynthidis Compositæ	.08	gr. i⅓
Hydragyri Chloridi Mitis	.06	gr. i
Gambogiæ	.016	gr. ¼
Resinæ Jalapæ	.02	gr. ⅓

And also the pilulæ catharticæ vegetabiles:

	gm.	
Ext. Colocynthidis Co.	.06	gr. i
Ext. Hyoscyami		
Ext. Jalapæ	aa .03	gr. ss
Ext. Leptandræ		
Ext. Resinæ Podophylli	aa .015	gr. ¼
Olei Menthæ Piperitæ	.008	M ⅛

To the last I have added in each pill 1-10 grain of the oleoresin of capsicum, ½ grain ginger and 1-25 minim of croton oil. These were made fresh. I also had put in capsules blue mass in 5 grain doses.

Before beginning the treatment, give four C. C. pills and five grains of blue mass. It is also wise at this time to give an enema of soapsuds to clean out the rectum and signoid thoroughly. When the pills have begun to act, begin with the specific, 6 to 8 minims, and give it every hour throughout the treatment or until some signs of belladonnæ intoxication are observed. Every six hours increase the specific 2 minims until 14 or 16 minims are being taken every hour. Do not increase above 16 minims; if dilated pupils, dryness of the throat, red rash, or a rapidity or incisiveness of speech or a delirium are noticed, stop the specific. When the belladonnæ symptoms have subsided, begin the specific again in 8 minim doses. The alcoholic is more prone to show a slight delirium from belladonnæ than are the patients who take morphine or cocaine.

Where an alcoholic is admitted in the midst of his spree or at the end of it, the first thing to do is to put that patient to sleep, and the only medication which precedes his hypnotic is the four C. C. pills. The hypnotic which has given me the best result is:

R	Chloral Hydrati	1	gr. xv
	Morphine	.008	gr. ⅛
	Tr. Hyoscyam	2	dr. ss
	Tr. Zinziber	.6	m. x
	Tr. Capsici	.3	m. v
	Aqua ad.	15	oz. ss

This can be given and the dose repeated in an hour, with or without one or two drachms of paraldehyd. If these are not effective in two hours, a hypodermic of the following will quiet him:

Strychninæ Sulph.	.002 — gr. 1-30
Hyoscyamin Sulphatis	.0006 — gr. 1-100
Apomorphinæ Hydro Chlorate	.006 — gr. 1-10

I believe it wise to give most alcoholics 1-60 to 1-30 of a grain of strychnine every four hours. *Fourteen hours* after the beginning of the specific the patient should again be given a cathartic. One must judge here whether two or four C. C. pills should be given with 5 grains of blue mass.

I have gone quite fully into the treatment adopted by Lambert because I believe it is scientific treatment; it fulfills two of the factors laid down by me, viz.:

(1) The elimination of the poison, alcohol.

(2) The restoration of the nervous and digestive systems.

The Lambert treatment has been criticised as causing excessive purgation and as excessively weakening the patient. As has been stressed, the purgation is an essential feature of success.

While more contradictory views as to the physiological action of alcohol are held, than that of *any other drug* in the pharmacopœia, I believe every one in the audience will agree with me that alcohol in small quantities not long continued is an indirect heart stimulant; alcohol in large doses, or small doses, long continued is a heart depressant, therefore, by the copious elimination of alcohol, the poison, you are relieving the heart of the toxic effect of alcohol, and, therefore, indirectly stimulating, *not* depressing, the heart.

No extraordinary claims should be made in the treatment of alcoholism. Lambert rightly says: "It is not a cure-all for disease, a rehabilitator of all the diseased functions of the body, but if properly carried out it will obliterate the craving, and the patient starts anew where he was before taking the drug."

In such a limited paper we cannot go into the hereditary craving for alcohol, a disease which causes more failure in the treatment than any other factor.

Undoubtedly, bearing in mind the factors of treatment, elimination being first, Dana's mixture has cured thousands of this craving. It is most popular in institutions. The formulæ is, Dana's mixture:

R	Tr. Columbæ	oz.	iv
	Tr. Capsici	dr.	i
	Tr. Nucis Vomicæ	oz.	iv
	Apomorphia	gr.	i½
Misce			
	Tr. Cinchonæ Co. ad	pt.	i
Signa.	dr. i in water after each meal.		

The amount of apomorphia and of nucis vomicæ may be graduated *pro re nata*.

Dana's mixture will fail to obtain results, unless elimination has been first accomplished.

Now I ask you, should this treatment *be* in any other hands than those of a careful medical practitioner? Given full control of your patient, away from his home, his environment not being absolutely prejudicial to your treatment, you will have far greater success than has fallen to the hands which have previously administered it.

If lack of knowledge of these few simple formulæ is enabling laymen and others to exact from suffering humanity an exorbitant price and thus limit the cure of a degradation, not measured by dollars and cents, it is our duty as members of the medical profession to assume control and overcome the false condition that obtains. Every city or county jail could easily set aside a room to treat chronic offenders sentenced for drunkenness. The paid city or county physician could treat them. The regular cost of a nurse would not be great. The medicines would cost between two and three dollars per case for the Lambert or Dana treatment.

No better arguments could be given that this treatment be applied than those given in the pamphlet written by Mayor W. H. Gibbes, of Columbia, entitled "City Cure for Inebriates." In a recent letter he writes me that they have opened a little sanitarium where treatment is given for $35. Undoubtedly this amount can be further reduced, and the conservation of the earning power of a citizen to the city, county or State will overbalance tenfold the cost of the cure.

The Part Played by the Mouth in Digestion.

By F. M. Durham, M. D., Columbia, S. C., Read Before the South Carolina Medical Association, Charleston, S. C., April 19, 1911.

At the very outset permit me to define, as I conceive it, digestion, first, on a broad, comprehensive basis, and, secondly, in its details especially as it relates to the question under discussion. I would state in the first place, speaking generally, that it is a mechanical-physiological-chemical process whereby the food in its natural or prepared state is converted

truly and perfectly to the purpose for which it is intended. In this conversion there are three distinct organs or divisions of the alimentary tract with their accessories, viz.: Mouth, stomach and intestines, each of which employs in the performance of its duties or functions the predominance of one or the other of the above-named mechanical, physiological or chemical processes, with, however, the frequent combination of two, or even all three of the processes. Complete digestion is the perfect and harmonious operation of these several organs working in unison in the performance of their various and combined processes, the failure or deficiency of either to perform its normal duty, affecting the results of the whole. It is hardly necessary or within my province to attempt to state the relative value of the duty performed by any one of these organs in the process.

There can be no assimilation without liquifaction. There can be no liquifaction without chemical and physical action. Neither can there be any chemical action without the proper reduction of the foods by mastication, except in the case of liquids.

The chief mechanical part in the process of digestion is the mastication and liquifaction of foods by insalivation. There cannot be normal liquifaction and incorporation of the enzymes without thorough mastication or grinding. The more perfect the grinding the less foods required, the least amount of waste material to be eliminated. Consequently, the least amount of work on the emunctories or eliminative organs. Frequently whole unbroken particles of food are found in the stools which have never not only been acted upon by any of the various digestive fluids and failed of the purpose for which they were intended when received into the body, but have been a positive injury to the organs through which they have passed. This is the reason why such foods as those of the nature of green corn, beans, peas and others which contain an appreciable amount of material not easily masticated in the form of a husk produce not only such local disorders as pain and diarrhœa, but are acted upon by bacteria, thereby forming ptomains and toxins which manifest their presence by systemic and constitutional disorders of the nature of alkaloidal poisoning, often resembling the action of strychnine, morphine or curare. I use these foods as an extreme illustration for the simple reason that they are more frequently improperly masticated than any others and not because they contain more deleterious substances than other foods improperly masticated. Occasionally neglect to properly masticate fails to arouse an experience of injury; but I have frequently in my practice met with chronic cases produced or superinduced by constant and repeated neglect to properly masticate.

The presence of food in the mouth sets in motion the physiological processes of digestion, namely the flow of saliva, and other digestive juices and the peristaltic wave. The simple retention of foods in the mouth for the purpose of mastication and liquifaction produces its beneficial effects in the proper exercises of the organs above referred to, not only in prolonging their action in supplying various enzymes, but also in increasing the action of the ptyalin upon the starches.

The chemical action in the mouth is as follows: The carbohydrates or starches constitute the greater portion of our foods, and it is within the mouth that the carbohydrates are converted into maltose and some grape sugar, by the action of the ptyalin. Hence the necessity of mouth digestion.

Begin this mechanical. physiological and chemical process right and the digestive process will most likely end right. *No mechanical, physiological or chemical action with an incorrect beginning will end correctly.* Some one has said, "That

it matters not so much what we eat as how we eat." We have seen the role played by a healthy mouth in the complex process of digestion. Let us now look at the havoc wrought by a failure of function or an unsanitary condition of this organ. When foods are not masticated the starches enter the stomach in an unchanged condition from lack of action by the ptyalin, not being ground sufficiently fine to pass through the pylorus as soon as it normally should, this favors fermentation and putrefaction with consequent local irritation of the mucous membrane of the stomach with gas formation and the generation of harmful products, producing such conditions as gastritis, catarrhs, hyperchloridia, pyloric spasm, etc. The oxidation of the sugars takes place before that of the less oxidizable meats and vegetables, thereby leaving these products in a suboxizable state such as the purine zanthin basis. This condition is responsible for many of our ptomain poisons, headaches, coated tongues and other manifestations of auto-intoxication or self-poisoning, which we frequently call bilious attacks and relieve with calomel when we should prevent them by mastication. These undigested starches undergo bacterial decomposition and the generation of unhealthful products—a confirmed dyspetic the result of a faulty mechanical and chemical beginning. When the mouth is in a putrid condition from sordes, decaying teeth or pyorrhea, millions of germs of all varieties are swallowed and produce chemical changes in our foods fermentative or putrefactive in nature. Especially is this true if deficient stomach motility exists. When these abnormal quantities of bacteria are swallowed, the normal fermentation produced by the enzymes is overcome by organic or bacterial decomposition with resulting gas formation, ptomains and other harmful products. The sordes and cavities in the teeth, owing to the presence of moisture and suitable temperature, favors the growth of bacteria and often pneumo cocci, tubercle baccilli and other patho genic germs are waiting for the resistance of the carrier to fall below normal to get in their deadly work. The wide-awake physician will demand that the mouth of the typhoid fever patient be kept clean and pure, as there is a marked tendency toward the accumulation of debris in the mouth of the fever patient, as they are fed on liquids, and the mechanical act of chewing is not sufficient to cleanse the mouth. Nothing stimulates the appetite and digestion as a clean mouth. I have never seen any one carry a mouth full of decaying teeth or an untreated case of pyorrhœa but what the digestion of the patient did not suffer. I have had patients consult me for digestive disorders who were also suffering from Riggs disease and their extracted stomach contents would have the odor of the pus that exuded from the gum, and I have often wondered how it was possible for such patients to digest foods. Then I would remember that we are wonderfully and fearfully made and there is a great deal for us yet to learn. No physician should attend a patient with a gastro enteric disease if this patient was also suffering from decaying teeth or pyorrhœa without calling on a dentist to treat the mouth, and no dentist should treat a patient with pyorrhœa without warning him of the harmful conditions that may result from swallowing pus.

It is possible that the dentists and the physicians have made the common mistake of believing that their work in this connection is circumscribed to their own immediate fields, the former being confined too closely to the mechanical, while the latter have been negligent of the hygienic. Consequently the prophylaxis or cleanliness of the mouth has been neglected by both professions. The dentists have made marvelous progress in the mechanical department of the treatment of

teeth. Their bridge work and plates are as perfect as human ingenuity and skill can accomplish. For this they deserve the greatest of praise, for their progress in this particular has not been surpassed by the practitioner in any one line of his profession. The dental and medical professions have neglected to study the diseases which result from unsanitary mouths and deficient mastication. In the treatment and prevention of tuberculosis we cannot accomplish anything if the digestion of the patient is below normal. The recovery of the patient depends upon his ability to digest and assimilate the foods. The dentists have the beginning of the process of digestion in their care and keeping and should join their medical brethren in the work of educating the people and combating the great white plague. Help educate the laity and make better citizens of them, which increases their wealth and augments our fees. Already the larger and better organized schools in our cities have physicians, dentists and other specialists to examine the children's eyes, teeth, ears, throats and other organs for specific and organic trouble. This is done not so much for the benefit of the individual child as for the protection of the uninfected pupil. These specialists inform us that children with adenoids are deficient and slow in their mental and physical development. In many sections the parents are becoming so well informed on this subject that they take children so afflicted immediately to their family physician for treatment and advice, fearing the dire results if permitted to go unremedied. This condition should prevail in every community, and it is the duty of the physicians as well as the dentists to do all in their power to educate the public to see the necessity of having children inspected by specialists in every school in every community. Specialists have proven that the great majority of cases of blindness and deafness are preventable if proper treatment is not delayed. Statistics also show that children with decaying teeth are not, as a rule, as healthy and mentally active as those with healthy mouths. Yet defective teeth are so common in children that we permit them to go uncared for. These children often grow up to be a burden to the family, useless to themselves and a care on the community, as a result of imperfect development caused by poor digestion during the period of childhood—all the result of neglect of the proper care of the teeth, a sad spectacle yet preventable.

White says: "It is a well known fact that dental treatment in early life prevents more diseases in after life than any other measures taken by the governments, not even excepting vaccination."

Department of Public Health

Meningitis.

Inasmuch as several cases of meningitis have been reported to our State Board of Health and the fact that there are several Southern States now combating epidemics of this disease, the following by Dr. I. C. Case in the *Texas Medical Journal* may be worth while to consider:

Characteristics.

The disease is better termed meningococcus naso-pharyngitis. Invasion of the meninges is but an occasional complication exactly like broncho-penumonia following la grippe. The meningococcus can be demonstrated in the naso-pharyngeal mucus 2-4 days after exposure to infection. In the vast majority of cases this is the extent of the invasion, there being 10-20 carriers, those suffering only from naso-pharyngitis, to one with meningeal involvement (Kolle). At first it was thought that the meningococcus gained access to the cerebro-spinal fluid by way of the lymphatics. It is now

found that the meningococcus can be cultivated from the blood in a large majority of the meningeal cases, giving rise to the recent belief in a blood distribution as the common mode of dissemination. This explains the many cases of other complications; like pneumonia, gastro-enteritis, etc., complicating meningeal involvement and making accurate diagnosis in times of epidemics, difficult without a spinal puncture. The meningococcus can be found in the spinal fluid in nearly all cases of meningeal invasion except in the fulminating cases and pure cerebral infection with closed spinal communication. Spinal puncture is indicated in all suspected cases. A meningococcus pharyngitis is easily established in most individuals, but most of the human race seem quite resistant to further invasion. It has been noticed that children and adults of the so-called lymphatic temperament, with enlarged faucial tonsils and pharyngeal tonsils are most often attacked by meningeal symptoms. A noticeable feature of the epidemics has been the widely separated appearance of the disease. Considered from a naso-pharyngitis standpoint, this is not remarkable, as carriers are found to have been unsuspected sources of infection. It is this way found to be a disease of factories, stores, asylums, garrisons, prisons, etc., where intimate contact has allowed infection. In the last German epidemic Osterman found seventeen carriers in a family of twenty-four, where one member suffered from spinal symptoms. Bochalli found forty-two carriers in a garrison of 485 men. As a rule the meningococcus disappears spontaneously from the nose and throat in 3-4 weeks, and very rapidly under antiseptic treatment of the cavities. Exceptionally the micro-organisms remain for several months. The reappearance of the epidemic in subsequent years is undoubtedly due to the cocci being harbored in diseased nasal sinuses for long periods. Unlike other diseases of childhood, the epidemics do not seem to have spread through the schools, and doctors and nurses who take simple precautions against nasal infections are "seldom or never attacked" (Hetsch).

One of the important acts of the Legislature just adjourned was the following:

H. 444 (S. 524): An Act to authorize the executive committee of the State Board of Health to adopt, promulgate and enforce rules and regulations for the betterment and protection of the public health of the State of South Carolina.

If in time the State Board of Health could see its way clear to put a health train on the road throughout the State this law would be invaluable.

Society Reports.

Charleston.

The regular meeting of the Medical Society of South Carolina (Charleston county) was held at the society's hall February 15, 1912, at 9 p. m.

Under medical news the following was heard: Dr. A. J. Buist reported that he had seen a fatal case of tetanus following a penetrating wound of the abdomen. Upon doing a laparotomy he found the liver pierced by a bullet. He controlled the hemorrhage and drained. On the ninth day following the operation symptoms of tetanus developed and the following day the patient died. Dr. Buist states that this was the first case of tetanus following an abdominal wound that he had seen.

Dr. A. E. Baker related the following: Recently he was called to see an unmarried white female of seventy years who had been suddenly seized with diffuse pain in the abdomen during the night; next morning the pain was over the appendix region. A differential blood count was made, which showed an excess of

polynuclear cells. A few hours later, when already the patient was much shocked, a celiotomy was done. Fecal material bulged out—the appendix was normal, but one inch from it in the cecum was a perforation. This was whipped over and a drain inserted into Douglas' cul-de-sac and made to emerge from the abdominal wall. The feces were not washed out from the abdomen. The patient was on the table ten minutes, only slight ether anesthesia being maintained. The post-operative treatment consisted of Fowler's position, continuous proctoclysis of normal salt and no food by mouth or rectum for five days. Recovery soon followed, probably due to early and rapid operation.

Dr. J. T. Taylor, of Adams Run, S. C., reported having been called to attend a woman with adherent placenta. This patient had had the same condition on four previous occasions. After considerable difficulty, he extracted the placenta and the case progressed through an uneventful puerperium.

Dr. W. A. Smith reported a case of acute fatal poisoning following the drinking of K. & B. tea. The patient was suddenly taken ill with vomiting, purging and collapse. Twelve hours after the first symptom and twenty-four hours after taking the patent preparation, the woman died. On post-mortem examination the gastro-intestinal tract was found to be congested and the heart dilated.

After the medical news was heard the society adjourned.

R. M. Pollitzer,
Corresponding Secretary.

Oconee.

The Oconee County Medical Society met at Seneca February 21st. Dr. E. C. Doyle, president of the society, had invited the entire membership to dine with him on that occasion. The weather being unusually severe doubtless prevented some from attending. Those who came enjoyed the hospitality Dr. Doyle dispensed so cordially.

After dinner the regular monthly program was entered into. The subject in the A. M. A. postgraduate course for the month being "Brain Surgery," the same was taken up. Dr. C. W. Smith, of Newry, presented the question of the feasibility of operating on brain tumors in a clear and concise manner. Dr. F. S. Simpson, of Westminster, described the modern technique for removal of brain tumors.

After the formal discussion of these subjects, interesting cases occurring since the society last met were presented by each member.

The society adjourned to meet at Walhalla one month hence.

E. A. Hines,
Secretary *pro tem.*

Abbeville.

One of the most pleasant and profitable meetings of the Abbeville County Medical Society was held last Friday, March 1st, in Due West, S. C. The doctors of Due West gave the visiting members of the society a fine dinner at the hotel, after which they adjourned to Dr. J. R. Bell's office, where the clinical cases were examined and discussed.

Dr. J. W. Wideman lead the discussion on pneumonia, which was participated in by every doctor present. The next meeting will be held in Abbeville the 5th day of April, and typhoid fever will be discussed. Dr. Neuffer will lead the discussion.

C. C. Gambrell,
Secretary.

Chester.

The Chester County Medical Society met in Drs. Wylie and Johnston's office on February 5th at 1 o'clock, with the president, Dr. Wallace, in the chair. The following members were present: Drs.

Wallace, Cox, Hennies, A. M. Wylie, Pryor, McConnell and Johnston.

The first paper on the program was by Dr. Pryor on "The bedside diagnosis and treatment of appendicitis and some of the most common diseases that result from ruptured and gangrenous appendices." Dr. Pryor dealt largely with differential diagnosis of the disease, and emphasized the fact that when the appendix had ruptured that you were no longer dealing with appendicitis, but with an entirely different disease. This paper was discussed by Drs. Cox, McConnell, Johnston and others. In this discussion the fact was brought out that ice really does no good after the disease is well established, although it helps to relieve the pain. The icebag does its only good at the very beginning of the disease.

The next paper was by Dr. Wallace on "Report of cases treated by salvarsan by the intravenous method." This paper was enjoyed by all and was thoroughly discussed by Drs. McConnell and A. M. Wylie. In this discussion mention was made of a mother having been given a dose of salvarsan, having a nursing baby ten weeks old. The baby was very sick for a short while, but soon improved very rapidly and grew into a strong healthy baby. The transmissibility was also brought out in this discussion, it being shown that one woman gave it to a baby by chewing food for it. The baby, in turn, gave it to the mother by nursing and an uncle contracted it by kissing the baby. It was also brought out that insurance companies will accept applicants who have had syphilis and been treated with salvarsan, after one year, if they have had three negative Wasserman tests.

Dr. Coleman sent a written report of a case of septic phlebitis treated with serum. The doctor intended to report the case himself, but was unavoidably prevented from attending.

Dr. Miller was unable to be present and report an interesting case of arteriosclerosis, but promised to report the case at the next meeting.

Dr. Johnston reported two cases of traumatic cataract, one patient being presented. In one of these cases the lens was dissolving when last seen, but the other, through neglect, had adhesions of the iris to the lens capsule and the pupil became occluded.

Several of our physicians attended the meeting of the Tri-State Medical Association in Columbia on the 21st and 22d.

We have the promise of Dr. J. A. Hayne, secretary State Board of Health, to be with us at our next meeting, and we are all looking forward to his visit with pleasure.

Spartanburg.

The Spartanburg County Medical Society held its regular monthly meeting on February 23d, with the best attendance for several years. This large and enthusiastic meeting was very encouraging to the officers, as they are anxious to make this a most successful year for the society. Dr. T. D. Lancaster read a paper on "How to excite interest in the Medical Society." As there were present six ex-presidents of the society, they were called upon to discuss this paper. Dr. Lancaster proved that he knew how to interest the members by inviting the whole society to be his guest at dinner at a local hotel. After the meeting this invitation was accepted and the members greatly enjoyed Dr. Lancaster's hospitality.

L. Rosa H. Gantt,
Secretary.

Proceedings of the Meetings of the Union County Medical Society.

January 29th.

Meeting held at usual place and time, Dr. J. H. Hamilton presiding.

Drs. Montgomery and Maddox reported interesting cases for discussion. No paper prepared.

Questions for the evening:

1. Name the bony prominences of the elbow. Where is the spleen, and what are its uses?

3. Give difference in fetal and adult heart.

4. In nephritis, where does the effusion of serum first appear? In cardiac disease, where? In cirrhosis of liver, where?

5. What are toxins and antitoxins? Give examples of latter.

6. Name the common malignant tumors of the breast.

7. Define extopic gestation and mention three of the most important diagnostic symptoms of tubal pregnancy.

8. What is meant by phagocytosis?

9. Name five quarantinable diseases.

10. Explain the difference between infectious and contagious diseases.

Members present: Drs. Hamilton, Sarratt, Kennedy, Going, Montgomery, Maddox and Berry.

February 5th.

Dr. Hamilton presided. No paper.

Dr. Berry presented a heart case for study, which was interesting.

Questions for the evening:

1. What is pectoriloquy, and what is it sometimes a sign of?

2. What ill effects sometimes develop during the administration of digitalis, and what is its best substitute?

3. Name five important symptoms of tabes.

4. To what may dysmenorrhœa be due, and how best remedied?

5. In what diseases is the circumference of the chest increased during expiration?

6. In what conditions are marked depression of temperature noted?

7. Name the causes of iritis.

8. Name six causes of displacement of the cardiac apex.

9. Describe pathologic bronchial breathing.

10. What are the following: Blue vitriol, green vitriol, white vit., elix. of vitr., and oil of vitr.?

Members present: Drs. Hamilton, Sarratt, Montgomery, Kennedy, Jackson and Berry.

February 12th.

Vice President Kennedy presided.

Dr. Montgomery read a reprint article on the treatment of pellagra by injection of 606. No other papers and no clinical cases presented.

Questions for the evening:

1. What is Corrigan's pulse, and in what condition is it found?

2. What are the causes of hypertrophy of the left ventricle?

3. What are the causes of hypertrophy of right ventricle?

4. What conditions give rise to obstructive jaundice?

5. What is phenol urine?

6. Hæmoptysis—definition and cause.

7. Differentiate hæmoptysis from hæmatemesis.

8. Give shape, function, nerve and blood supply of the diaphragm.

9. Vasomotor depressants—definition and name a few.

10. Vasomotor stimulants—definition and name a few.

Members present: Kennedy, Culp, Montgomery, Going, Sarratt, Jackson, Hamilton and Berry.

Barnwell.

The Barnwell County Medical Society met in Allendale February 19th at 12 o'clock, at the office of Dr. F. H. Boyd.

Dr. R. C. Kirkland, president, called the meeting to order. There being no minutes of the last meeting, the society went into business.

First in order was election of officers for 1912. Dr. R. A. Gyles was elected president; Dr. E. W. Ellis, vice president; Dr. W. R. Tuten, secretary. Dr. R. A. Gyles was elected delegate to the State

Medical Association: Dr. J. E. Warnock, alternate.

It was decided to extend an invitation to all physicians of the county to join the society for mutual benefit, and that the meetings will be held quarterly.

A splendid address was delivered by Dr. T. G. Croft, of Aiken.

The meeting was the best and most largely attended ever held.

The next meeting place will be Barnwell, April 1st.

At the conclusion of the business session the physicians of Allendale invited the entire body to the Gildare Hotel, where an excellent dinner was served.

Those present were: Drs. R. A. Gyles, O. D. Hammond, A. B. Patterson, J. G. Wooley, E. W. Ellis, R. C. Kirkland, Frank Kirkland, F. H. Boyd, W. H. Breland, W. T. Breland, J. E. Warnock, J. M. Weekly, H. G. Googe, W. S. Haverner, S. R. Hickson, W. R. Tuten.

W. R. TUTEN, Secretary.

ANDERSON.

The regular meeting of the Anderson County Medical Society was held in the Chamber of Commerce rooms, Wednesday, February 12, 1912.

Those present were: Drs. W. F. Ashmore, Dean, Duckett, Harris, Land, J. O. Sanders, Nardin, H. A. Pruitt, R. L. Sanders, Ross, Olga V. Pruitt, Townsend, Wilhite and Wideman.

The minutes of the January meeting were read and adopted.

The greater part of the hour was consumed with matters of business, during which Dr. Ed McDonald, of Honea Path, and Dr. Tertius Lander, of Williamsburg, were elected to membership.

Dr. Thompson being absent, there were only two papers read at this meeting. Dr. J. A. Sanders read an interesting paper on "Headache and Its Significance." This paper will be published in the State JOURNAL. Dr. S. C. Dean, of Starr, had a most interesting paper on "Intestinal Amebiasis." He gave an interesting account of several cases he has had in his own practice.

These papers were discussed by a number of those present.

After the announcement that Drs. J. J. Glenn and B. A. Henry would be on the program for the next meeting, the society was adjourned.

OLGA V. PRUITT, Secretary.

WILLIAMSBURG.

The regular monthly meeting of Williamsburg County Medical Society was held at Kingstree February 21st at 12 m. Those present were: Drs. W. L. Wallace, W. G. Gamble, E. T. Kelley, Geo. B. Haselden, C. D. Jacobs and Jno. C. Beckman.

Several interesting cases were brought up for discussion. One new case of pellagra was reported. Several cases of smallpox were reported near the county line, and the members were requested to be vigilant and report any cases in the county as soon as noted.

The society is to have its first banquet on the evening of the next meeting at the Kellobon Hotel, individual assessment.

Adjournment.

JNO. C. BECKMAN,
Secretary-Treasurer.

SUMTER.

The regular monthly meeting of the Sumter County Medical Society was held at 6:30 p. m. February 8th, in the offices of Dr. E. R. Wilson. The president, Dr. W. E. Mills, was in the chair, and there was a good attendance of members present.

After reading and approving the minutes of the January meeting, the president called for reports of clinical cases.

Dr. Dwight reported a case of cystitis occurring in an old negro man, after pro-

longed use of the catheter. The man had first consulted him ten or twelve years ago because of retention of urine. Examination revealed a slightly enlarged prostate, which was easily passed by a soft rubber catheter. He had catheterized the patient a few times, but finally patient got to using the instrument himself. For years he carried the catheter in a tin box in his pocket, with a bottle of vaseline, and used it when necessary without developing any trouble and no special precautions, except to buy a new instrument when the one in use grew brittle. Finally, a few months ago, he showed symptoms of cystitis. We all know how easy it is to set up a cystitis by use of an unsterile catheter. He mentioned the case to show how tolerant the bladder sometimes is to prolonged catheterization.

Dr. Baker mentioned a case of complete rupture of the intestine from a coughing spell following abdominal section. The case was one of localized peritonitis in the region just below the gall bladder with septic absorption. Vertical incision through the right rectus muscle had been made with the idea that the trouble was due to a cholecystitis, and afterward prolonged to reach the appendix, which was found gangrenous. The intestines were found dark and rough from inflammation. The wound was closed in layers by catgut suture entire and drained, patient suffering with cough at time of operation. Six or seven days later while propped up in bed a violent paroxysm of coughing came on. The abdominal binder had worked loose and the edges of the wound suddenly parted, with the discharge of a large quantity of fecal matter through it; the patient's pulse, which had been fairly good in quality, showed no special change. Removal of dressings and examination of wound showed the intestines at the bottom adhered together, with fecal matter coming from a rupture in one loop. The field was cleansed as thoroughly as possible, the ruptured portion separated from adhesions, brought up, trimmed, and united end-to-end. The bowel was found to have been torn completely in two transversely down to the mesentery. The mechanics of the situation was that there was a loop of small intestines lying directly across the line of incision. Its outer surface was adhered for a considerable distance to the parietal peritoneum. Intestinal tissue had been softened by inflammation and when the strain came and the wound tore open the peritoneal adhesions proved stronger than the continuity of bowel and the latter gave way. The patient died three days later from combined peritonitis and pneumonia. This is not a brilliant result to record, but a most unusual accident, and I report it as such.

Dr. Holman reported a case of complete absence of taste. Patient had dry tongue, constipation and disordered digestion, but patient can apparently tell no difference between sugar and salt, acids and bitters. He gave him a mixture of muriatic acid, tinct. nux vomica, cascara and tinct. gentian with a view of helping digestion, but he said they had no taste, and conditions did not improve. He then put him on bromides, thinking it a nervous trouble, but without results. Now has him on iodide of potash, though he is satisfied patient has no syph., Wasserman reaction having proved negative. He is at a loss to account for the condition. Is the lesion in the taste nerves, in the trunk of the gustatory nerve or in the brain? It was suggested that the doctor have the patient examined by an ear, nose and throat man for possible disease of some of these organs, which might account for the trouble. Patient has good appetite.

Other physicians present had seen cases of loss of taste, but none as complete as the one reported by Dr. Holman.

Dr. Holman, as the essayist for the meeting, read a very interesting paper

upon "some of the proprietary medicines on the market today, their compositions, uses and abuses." He touched upon ammonol, antifebrin, febrisol, salvarson, H. M. C., and scopolamine-morphine, lactopeptine, etc. The paper itself is submitted for publication.

The meeting then adjourned to the restaurant, where supper was served, the usual quota of chestnuts were cracked and the members dispersed until next time.

S. C. Baker, Reporter.

From the Lay Press.

A Tribute to the Literary Ability of Dr. Julian Carroll.

Uncle Remus's Home Magazine.

Ever since we published "The Blood Test," readers of *Uncle Remus's Home Magazine* all over the country have been writing to us to learn something about its author, Judian Carroll. We have succeeded in interviewing Mr. Carroll concerning his life history, and herewith give the result of our work. At the same time we beg to announce that in our next number—March—we shall begin the publication of Mr. Carroll's latest and best effort, "The Great Walton Mystery."

This story is as full of intense human interest as a mock-orange tree is of thorns. It is a genuine thriller; just the sort of story you've been lying awake nights wishing you could find and read. You'll get interested after glancing at the very first paragraph, and then you'll become so absorbed you wont be satisfied until you've read every word and learned how the mystery was solved.

Incidentally, it might be remarked that Artist Brinkerhoff has been commissioned to illustrate the story, and the pictures for the first instalment (which are already at hand) are a real artistic treat.

But let's not forget about Mr. Carroll. Here is what that gentleman has to say regarding himself and his work:

"I was born in 1874. For this I claim no credit, neither do I acknowledge any blame. As a child, I showed no unusual precocity beyond having measles and whooping cough at the same time. Proving a nuisance around the house, I was sent to school rather early. Here I displayed remarkable originality in the matter of spelling, and before I had reached the age of fourteen I held the championship for spelling a word in more different ways without hitting the right one than any boy in school. I also evinced considerable imagination in the inventing excuses for tardiness and unlearned lessons. My school experiences were rather more varied than instructive, and each change of school teachers was accompanied by a sigh of relief from the one I was leaving. Finally, I entered the Porter Military Academy, in Charleston, which institution I left at the end of my second class year to try a competitive examination for Annapolis; however, my ideas of spelling, geographical positions, historical events, mathematical equations, and grammatical constructions failing to coincide with those of the examining board, the cadetship was awarded elsewhere, and the country lost thereby the services of a most enthusiastic would-be Admiral. Later, I entered the Medical College of South Carolina, graduating in the class of '96. For a year I served as house physician in a Charleston hospital, and at the expiration of that time entered the general practice of medicine in Summerville, S. C.

"Developing a depraved leaning towards politics, I was elected Mayor of this town a few years later, and while Mayor, I ran for the State Senate on a platform whose leading plank was 'Honesty in Politics.' Apparently, the people didn't want 'honesty in politics,' or I was not considered a suitable exponent thereof, for my defeat was decisive. Afterwards, as a sort of salve for my political wounds, I was elected county chairman and a delegate to the national Democratic convention in Denver—the same assemblage

which nominated Bryan and established a world's record for long-distance cheering. Here I distinguished myself by being one of the few delegates present who did not make a speech seconding Bryan's nomination—the Georgia delegation was also rather silent along this line.

"In a literary way, my first offense was a series of articles which I wrote for the Charleston *News and Courier* from Central America during the yellow fever outbreak of '97. Following this, I contributed rather extensively to medical journals, and, spasmodically, to newspapers; but it has been only within the last two or three years that I began my collection of 'return slips.' Once started on this downward path, however, I pursued my vocation with the avidity of a numismatician; and today I have a collection which, though it contains many duplicates, is as varied and extensive as any in the country. That I have a wife and five children, besides being interesting from a Rooseveltian point of view, furnishes my excuse for wanting such prompt payments."

Refuse to Carve Body of Hero of Civil War.

Greenville News.

Charlotte, N. C., March 4.—Inspired by sentiment for the "Lost Cause," students composing the senior class of the medical department of the University of North Carolina today firmly refused the regular routine of instruction in the dissecting room because the subject for dissection was the corpse of a hero of the War Between the States—the late Capt. Edward Benton, of Raleigh.

Backing the students in their stand and declaring that the needs of humanity did not require the carving of the body of a follower of General Lee, Dr. C. S. Mangum, professor of antomy, passed around the hat for a collection, and later, followed by the student body, the remains of the gallant veteran were borne to the Confederate plot in the Chapel Hill cemetery and given Christian burial. The Confederate flag was planted at the head of the grave and the obsequies were conducted in a blinding snowstorm.

Captain Benton committed suicide at the Soldiers' Home in Raleigh Saturday and left a will turning over his body to the University Medical College for dissection. He was connected with the famous Hardaway Battery of Alabama, and lost a leg in battle on his twenty-third birthday.

Elloree Claims Oldest Doctor.

Elloree, March 6.—The Orangeburg *Evening News of* March 4th prints an interesting article under the caption: "Active Practice Over Forty Years; Dr. M. G. Salley, of This City (Orangeburg), Graduated Forty Years Ago Today from the University of Maryland."

The story of this eminent physician's active work in medicine was read with much interest by his many friends and admirers here, and it is not the intention of this correspondent to rob the doctor of any honor, but the records should be kept straight and honor to whom honor is due, given, and the writer of the interesting article is very much in error when he states that Dr. Salley is the oldest practicing physician in Orangeburg county.

In point of service Elloree claims the oldest practicing physician in the county in the person of Dr. M. J. D. Dantzler, who, though he has given up country practice, is actively engaged in town practice and, while he is 72 years old, retains his mental and physical activity. Dr. Dantzler graduated from the South Carolina Medical College, at Charleston, in March, 1861, just fifty-one years ago. Soon afterwards he joined the medical corps of the Confederate army, serving as a surgeon in Virginia, North Carolina, South Carolina and Florida, and was promoted several times. Directly after

the war he resumed civil practice, locating at Jamison, S. C. Later he moved to Providence township, and in 1892 he moved to Elloree, where he has since resided and is still engaged in medical work and is held in the highest esteem.

Will Pay Honor to Carolinian.

The State, February 15th.

The General Assembly has passed a bill providing for the erection of a statue on the State House grounds of Dr. J. Marion Sims, one of the most famous gynecologists and surgeons the world has produced.

The bill from the Senate, passed without opposition in the House last night, provides for the appropriation of $5,000 for the statue by the State when an equal amount has been raised by the South Carolina Medical Association.

Mr. McDow, Mr. Hines and Mr. Dick eulogized the late Dr. Sims in the highest terms. They declared that he had been an honor to his birthplace, Lancaster county, to his State and to the United States. J. Marion Sims was a graduate of the South Carolina College.

The bill provides for the appointment of a commission of three to have charge of the erection of the statue.

Norfolk Selected for Doctors' Meeting.

The Record, February 23d.

Norfolk will be the place for the next meeting of the Tri-State Medical Society, which ended its convention with a reception at the Metropolitan Club last night.

Yesterday the executive committee met and elected the following officers:

President, Dr. A. E. Baker, Charleston; first vice president, Dr. A. B. Knowlton, Columbia; second vice president, Dr. A. J. Crowell, Charlotte; third vice president, Dr. A. L. Gray, Richmond; secretary and treasurer, Dr. R. E. Hughes, Laurens. Drs. R. B. Epting, of Greenwood; Dr. Southgate Leigh, of Norfolk, and Dr. J. H. Way, of Waynesville, N. C., were named members of the executive committee. Dr. Way is the retiring president.

The doctors voted thanks to the city of Columbia and resident physicians, especial mention being made of Drs. J. H. McIntosh, W. A. Boyd, H. M. Rice, A. B. Knowlton, F. A. Coward and R. L. Moore, for entertainment on behalf of the doctors of Columbia.

The Tri-State Medical Society is composed of physicians living in South Carolina, North Carolina and Virginia.

Dies as Result of Injuries.

News and Courier, February 20th.

Dr. Edmund Ravenel, one of the oldest physicians of Charleston, died last night at 11 o'clock at the Roper Hospital, as the result of injuries received yesterday morning when he was struck by a trolley car on Calhoun street at the corner of Smith street. According to the testimony of the motorman who was driving the car, Dr. Ravenel stepped from behind two poles close to the track when the car was close upon him and going at a good rate of speed. Before the motorman could bring the car to a stop the physician had been knocked down. He was taken to the Roper Hospital in an unconscious condition and died there last night as a result of injuries to his head.

Dr. Ravenel was in his 72d year. He was a son of Dr. Edmund Ravenel, the noted conchologist, and spent practically the whole of his life here. He was a graduate of the South Carolina Medical College. At the beginning of the War Between the States he enlisted in the Confederate army as assistant surgeon and served with the forces of the South in the medical corps. Since the war he practiced medicine in Charleston.

Dr. Ravenel was unmarried. While

he leaves no immediate family, he has many relatives in Charleston and elsewhere in the State. The arrangements for the funeral have not yet been made.

Kershaw Doctors at Banquet.

News and Courier.

Camden, February 14.—The Kershaw County Medical Association gave its annual banquet in the grill room of the Kirkwood Hotel last night. The Association had with it, as guests, several well known men in the medical fraternity of America. They were: Dr. Marvel, of New Jersey, ex-vice president of American Medical Association; Dr. Robert Wilson, dean of South Carolina Medical College and chairman of the State Board of Health, and Dr. Carey, of Richmond. They all made short talks.

The menu served by the Kirkwood Hotel was all that could be desired by the most exacting epicure. At each plate was placed a skull, containing matches, and a skeleton, holding a cigar. Dr. S. C. Zemp, who is major and surgeon of the Second Regiment, N. G. S. C., and president of the association, sat at one end of the table, and Dr. S. F. Brasington, mayor of the city and vice president of the association, sat at the other end of the table. The others present were: Dr. J. T. Hay, of Boykin; Dr. Griggsby, of Blaney; Dr. E. Z. Truesdale, of Bethune, and Drs. Alston, Dunn, W. R. Zemp, F. M. Zemp, Clyburn, F. L. Zemp, Corbet, Alexander, Sawyer, DuBose, Goodale, Burdell, DePass, Burnett and City Health Officer Jno. Wilson.

Dr. Hugh T. Kirby Dies.

The State, Monday, February 26th.

Dr. Hugh T. Kirby died at his home in Loris yesterday morning, after an illness of two days. The remains will be brought to Columbia today.

Dr. Kirby was originally from Columbia, the son of C. P. and Jane C. Kirby. He was graduated in 1908 from the South Carolina Medical College, Charleston, and since that time had practiced medicine at Loris. He was born on January 22, 1884, being 28 years of age. He was a promising young physician.

Surviving him are his wife, who was Miss Viola St. Amand, of Charleston, a little son, three years old, his father, C. P. Kirby, eight sisters and one brother. Dr. Kirby had many friends in Columbia and throughout the State who will be grieved to hear of his death.

The funeral will be conducted from the residence of his father, C. P. Kirby, 1415 Barnwell street, tomorrow morning at 11 o'clock, Rev. T. G. Herbert, pastor of the Main Street Methodist church, officiating.

The pallbearers will be as follows: Dr. W. A. Boyd, Dr. W. R. Barron, Dr. C. E. Owens, Dr. W. C. McMillan, W. P. Eleazer and E. J. Roach.

Tribute of Respect.

News and Courier, February 20th.

At a special meeting of the vestry of the Church of the Holy Communion, held February 18, 1912, the following preamble and resolutions were unanimously adopted:

Whereas, It has pleased Almighty God, in His infinite wisdom and mysterious love for His children, to remove from our midst and from a world of care and trouble, our esteemed friend and brother in Christ, Augustus Fitch, M. D.; it is hereby

Resolved, first, That in the death of Dr. Fitch this community has lost a valuable and useful citizen, the vestry of the Church of the Holy Communion a kind counsellor, and the Church a faithful and devoted warden, who for many years has dedicated to its service his loyal support and unvarying affection.

Resolved, second, That this vestry extend to his widow and family the assur-

ance of its earnest sympathy in their bereavement; and, while fully realizing that perfect comfort for their deep sorrow can be found only at the throne of grace, yet expresses the consoling hope and belief that an earthly separation on the part of those loving and beloved of Him is but a fleeting condition to a joyful and eternal reunion in the glorifying presence of God.

Resolved, third, That these resolutions be published in *The News and Courier* and *Diocese,* as a public testimonial of the warm regard and elevated respect in which the memory of a zealous Christian, a worthy citizen and patriotic son of South Carolina is, and always shall be, held by the undersigned representatives of his church, his city and his State.

F. HARRIMAN HARDING,
Rector;
JULIUS M. CATER,
JOSEPH I. WARING,
ELIAS BALL, JR.,
CHARLES J. COLCOCK,
J. WARING WITSELL,
C. L. CLUVERSUS,
ROBT. WILSON, M. D.,
WILLIAM M. BIRD.

Book Reviews.

Nervous and Mental Diseases.—The new (7th) Edition. By Archibald Church, M. D., Professor of Nervous and Mental Diseases and Medical Jurisprudence in Northwestern University Medical School, Chicago; and Frederick Peterson, M. D., Professor of Psychiatry, Columbia University. Seventh edition, revised. Octavo volume of 932 pages, with 338 illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, $5.00; half Morocco, $6.50 net.

To reach a seventh edition any book of this magnitude must necessarily have merit.

We alluded, in speaking of another book, of the practical value of certain allied subjects being treated in the same volume. This applies here.

There are few patients who when they come to us presenting nerve troubles do not also necessitate considering their mental balance.

A tremendous amount of research has been done on the disease of the brain in recent years, as well as upon the general nervous system.

A great surgeon recently said: "To make a diagnosis of neurasthenia means that you have not clearly diagnosed your case—that you do not know just what you have before you.

This book will prove helpful in diagnosis and treatment.

* * *

Miscroscopy, Bacteriology and Human Parasitology. By P. E. Archinard, A. M., M. D., Bacteriologist, Louisiana State Board of Health and City Board of Health, New Orleans. New (2d) edition, thoroughly revised; 12mo, 267 pages, with 100 engravings and 6 plates. Cloth, $1.00 net. *The Medical Epitome Series.* Lea & Febiger, Publishers, Philadelphia and New York, 1912.

As a concise presentation of the essential points of bacteriology and miscroscopy, this little work has won the favor of students and practitioners. In its new edition the scope has been broadened to include some of the protozoa, an improvement which should increase its usefulness to the practicing physician and to the advanced student. The feature which gained for it the approbation of its readers have been continued in the present very thorough revision.

* * *

Progressive Medicine.—A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobard Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia. Assisted by Leighton F. Appleman, M. D., Instructor in Therapeutics, Jefferson Medical College, Philadelphia. December 1, 1911. Lea & Febiger, Philadelphia and New York. Six dollars per annum.

There are a considerable number of contributors to this volume, and they have not only made an exhaustive excerpt of the literature, but have drawn on the records of many of the most important clinics in this country.

* * *

Operative Obstetrics, Including the Surgery of the Newborn. By Edward P. Davis, M. D., Professor of Obstetrics, Jefferson Medical College, Philadelphia. Octavo volume of 483 pages, with 264 illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, $5.50 net.

This is one of the most delightful books we have ever read on this important subject. The inclination to read it from cover to cover before putting it down is well nigh irresistible. The make-up of the book is excellent. The paper,

type and illustrations all deserve special mention. Few will deny that obstetrics today requires surgical practice of a high order. This book places before the student and practitioner the principles involved. Whether the doctor's clientile is in the remotest county districts, in the city, or exclusively in a hospital, he will find here much valuable information.

* * *

Physiology.—A Manual for Students and Practitioners. By A. E. Guenther, Ph. D., Professor of Physiology in the University of Nebraska; and Theodore C. Guenther, M. D., Attending Physician, Norwegian Hospital, Brooklyn, N. Y. New (2d) edition, thoroughly revised; 12mo, 269 pages, illustrated. Cloth, $1.00 net. *The Medical Epitome Series.* Lea & Febiger, Publishers, Philadelphia and New York, 1912.

The continued demand, which has absorbed several printings of the first issue of this work, and has now led to the publication of a new edition, is a fair indication that it has accomplished the object for which it was created. Its purpose is to furnish the student and practitioner a brief exposition of physiology as a means of quickly reviewing the essential features of the subject. In this new edition both text and illustrations have been subjected to searching revision.

* * *

Clinical Diagnosis.—A Manual of Laboratory Methods. By James Campbell Todd, M. D., Professor of Pathology, University of Colorado. Second edition, revised and enlarged; 12mo, with 469 pages, with 164 text illustrations and 13 colored plates. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, $2.25 net.

This book has been extensively revised and is a 1912 work. We would call attention especially to the chapter on Animal Parasites. This is very good. The illustrations generally are excellent. The student or practitioner will find this manual very satisfactory, we believe.

* * *

A Manual of Pathology. By Guthrie McConnell, M. D., Professor of Pathology and Bacteriology, Temple University, Medical Department, Philadelphia. Second revised edition; 12mo, of 531 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Flexible leather, $2.50 net.

This is, indeed, a manual designed for students, but here is a great deal that the busy doctor might review with profit. The chapter on tumors has been materially revised. The chapter on syphilis is up to date and interesting. The work is condensed in an admirable manner.

Principles and Practice of Physical Diagnosis. By John C. DaCosta, Jr., M. D., Assistant Professor of Clinical Medicine, Jefferson Medical College, Philadelphia. Second edition, revised. Octavo of 557 pages, with 225 original illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, $3.50 net.

This work has been greatly improved by revision. The following new matter deserves notice: Articles on sphygmomanometry, nodalrhythm, pleurisy and lobar atelectasis

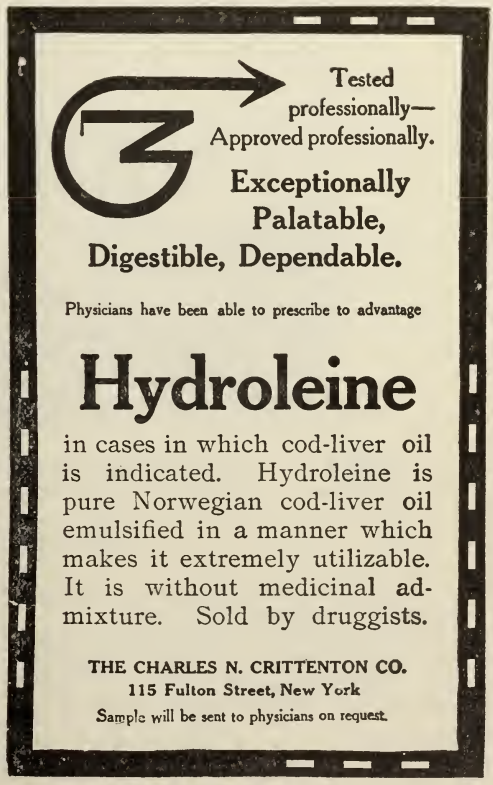
Inasmuch as so many life insurance companies now require the examiner to report on the blood pressure, this subject alone will repay the cost of the book.

* * *

Medical Diagnosis. By J. C. Wilson, A. M., M. D., Professor of the Practice of Medicine and Clinical Medicine in the Jefferson Medical College, Physician to the Pennsylvania Hospital, Physician-in-Chief of the German Hospital, Philadelphia. Third edition, thoroughly revised.

This work is styled a handbook, yet it is an exhaustive volume of 1,438 pages, divided as follows:

(1) Medical Diagnosis in General.



(2) The Methods and Their Immediate Results.

(3) Symptoms and Signs.

(4) The Clinical Applications.

We were very favorably impressed with the author's idea of describing diseased conditions as they are rather than meteoric excursions into the ultra-scientific and theoretical. We noted with pleasure very good though brief articles on Pellagra, Brill's Disease, and Meningitis, diseases which are now mentioned in the journals so frequently.

The price of the book is $6.00. Sold by J. B. Lippincott Company, Philadelphia and London.

* * *

Minor and Emergency Surgery. By Walter T. Dannreuther, M. D., Surgeon to St. Elizabeth's Hospital and to St. Bartholomew's Clinic, New York City; 12mo, volume of 266 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, $1.25 net.

It has been said that scrupulous attention to detail has much to do with the success of the surgeon.

This little work, though written for the hospital interne, has much of that attention to detail in it that will be useful to any one who undertakes surgery.

The little things so often overlooked in other books, and yet of great importance, are given place here. The description of local anesthesia and bleeding are clearly described and illustrated. For instance, the manner in which the doctor approaches and handles the emergency case sometimes determines his success or failure as a surgeon.

Emergency Surgery, as it ordinarily occurs, is well treated of in this book.

* * *

Diseases of the Skin and the Eruptive Fevers. By Jay Frank Schamberg, M. D., Professor of Dermatology and Infectious Eruptive Diseases in the Philadelphia Polyclinic and College for Graduates in Medicine. Second edition, revised. Octavo of 573 pages, 235 illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, $3.00 net.

This is a handy volume, one will be apt to consult frequently. The combination of subjects is the combination met with daily in practice, and they are presented in such a practical manner as to invite daily reference.



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Journal South Carolina Medical Association

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Editorials.

The Annual Session at Columbia.

It would not be extravagant to say that this was one of the most all-round successful meetings ever held by the association.

The work of the House of Delegates was expedited in a remarkable manner by the presiding officer, Dr. Jervey.

The session was opened with an address by the president bristling with valuable suggestions for the upbuilding of the organization. This feature is a new departure with us, made necessary by our business all being restricted to one day. Dr. Jervey conveyed to the house the information that the association showed a marked increase in membership for the year. Several county societies had been reorganized and a considerable number of new members added all over the State. There were about 540 members in good standing at the Charleston meeting last year, and now there are nearly 700.

Among the important and far-reaching measures enacted may be included the following: The merging virtually of the offices of editor, secretary and treasurer. This will greatly simplify all the business affairs of the association, save time and annoyance often, and curtail expenses to a marked degree.

The by-laws were so amended as to permit the secretary-treasurer in future to collect dues direct from the members of suspended or delinquent county societies. This will go far toward keeping up the membership and afford an opportunity to interested members to continue in good standing or be reinstated. President Jervey ruled that members in arrears more than one year need not pay up the annual dues to the State Association for the time they were not members. In the case of those who have allowed their membership to lapse several years this ruling will remove a situation bordering on hardship to some, and should increase our ranks. For the benefit of the public the appointment of a Committee on Health and Public Instruction was a decided step forward. This committee will be the mouthpiece of the South Carolina Medical Association on matters pertain-

ing to the health of the people. Its members are instructed to appear before the people wherever assembled and instruct them on the various problems of sanitation, hygiene and the prevention of disease. The profession will no doubt loyally support this committee. As constituted the committee is as follows: Dr. William Weston, Columbia; Dr. S. C. Baker, Sumter; Dr. E. A. Hines, Seneca.

The officers selected by the House of Delegates, together with the personnel of the leaders in all the association affairs, are men in the very prime of mental and physical vigor. As a rule and almost without exception, they are all eminently successful in their several localities, and have proven by years of service their interest in the association. Perhaps more than the usual number of those who have given the greater portion of their professional careers to the upbuilding of our association asked that they be permitted to retire from office. To mention a few: Dr. J. L. Napier, president of the Board of Medical Examiners for sixteen years; Dr. R. A. Bratton, of the Board of Examiners; Drs. T. G. Croft, J. T. Taylor and F. M. Dwight, of the council, and Dr. C. P. Aimar, our efficient treasurer for so many years. They all deserve the honor of every member of the association for their long and faithful service.

The scientific program was rich in interesting papers and discussions. The president's annual address made a profound impression on those present, and was undoubtedly one of the ablest papers ever presented to the association. The addresses of both Dr. Crile and Dr. Alderman were of an unusually high order. Perhaps the paper of Dr. Davis Furman on "Ethics" was most earnestly discussed. The members showing clearly they were unalterably opposed to "fee splitting" in all its forms. The entertainment by the profession in Columbia was indeed cordial, and yet not of such character as to interfere with the systematic working of the association. Every man on the program to read a paper was given an opportunity to do so, so far as the association was concerned. In the opinion of the writer the entire period of Dr. Jervey's administration was constructive in character, and both for the people and the profession, the benefits should be manifest for years to come.

Why not strive for 1,000 members in 1912?

Epidemic Septic Sore Throat.

In the New York *Medical Journal,* March 23, 1912, Dr. John Ruhrah describes a comparatively new disease primarily manifested in the throat, but with a long list of more or less serious complications, ending frequently in death of the patient. He states that the disease has been reported in some European cities and may be epidemic. The first epidemic in this country was in Boston a year ago. Latterly the disease has appeared in Chicago and Baltimore. The entire family may be affected, but in some cities chiefly young children and infants. The main symptoms are: High fever, a tonsillar exudate resembling diphtheria, or dusky redness. In a few days these symptoms subside, and then in a day or two a marked recurrence of all the symptoms, swelling of cervical glands, and fever for two or three weeks. The complications include abscesses, erysipelas, otitis media, meningitis, peritonitis, gastritis, eye and nose disturbances and derangement of the bowel function. A streptococcus appears to cause the disease. Influenza is not considered as a factor.

Brill's Disease.

It is well to be always on the alert for new diseases or different manifestations of old ones. In 1898 Dr. N. E. Brill, of New York, described a disease hitherto unnoticed in this country.

Within the past year or two, fostered by continued studies on the part of Dr. Brill, greater interest has been manifested in his original report, and what appeared at first to be a form of typhoid fever is now conceded to be typhus fever. We have for many decades looked upon typhus fever only from an historic standpoint. It would be worth while to write to the Public Health and Marine Hospital Service, Washington, D. C., for their exhaustive report of February 2, 1912.

Original Articles.

The Medical Profession and the Public Health.

By J. W. Jervey, M. D., Greenville, S. C. Presidential Address Before the South Carolina Medical Association at Columbia, S. C., April 17, 1912.

It comes to comparatively few of us to be officially highly honored by our colleagues, not because there are not many of deserving qualities, but because the opportunities for conferring great honor are necessarily few, and were this not true then honor would cease to be distinction, and would become commonplace. It is in the consciousness of a deep and reverent gratitude that I stand before you and return thanks for the mysterious trend of circumstance that has prompted you to place upon my unworthy shoulders the mantle which, adorning, has been adorned by a long line of illustrious predecessors. To fill this office with a masterfulness and dignity worthy of those who have gone before were a task I could not hope to achieve; but I pledge you my word that along with your other officers, and especially your secretary, I have given my sincerest effort toward the upholding of the best traditions of our historic organization, and the advancement of its interests and the interests of the profession as a whole. The account of my stewardship is in the records of the past year, and in the minutes of the House of Delegates recently in session. In conformity with the time-honored custom which requires that your president address the association upon some subject of general interest to the profession, I have to present for your consideration this essay upon the present duty of the medical profession in relation to the public health.

The Reciprocal Duty.

It is the office of the physician to alleviate suffering and to cure disease, but the supreme function of the physician is prophylaxis. The first (the treatment of disease) is a *privilege* vouchsafed by his fathers in medicine and under our modern laws guaranteed by the State; the second (the prevention of disease) is a *duty* demanded by the marvelously growing science, and more and more by an increasingly intelligent public. It is to the latter aim of the medical profession that I shall address myself. But, at the outset, let us try to have it widely understood that if the physician owes a duty to the public, so, also, in equal measure, must the public owe a duty to the physician. The true and high-toned medical man is entitled, at least, to the respect and consideration of the people, for he makes no mystery of the powers his science has conferred upon him, and he sets no limit upon the benefits he offers to his fellowmen. An enlightened citizenship should, therefore, protect him from the carping rivalry of quack and charlatan, of fake and fad, and should discriminate in no uncertain manner between the merits of true science and the demerits of mere commercialism, and hysteria.

What the People Should Know.

My exordium, then, would be that we must try to teach all the people how immeasurable are the benefits to be obtained by obedience to the laws of preventive medicine; to show them what wonders

have been wrought in the conquering of disease and the prolongation of life, and what can even now be further accomplished if they will but give us their intelligent co-operation; to point out to them the snares and pitfalls of honest ignorance as well as dishonest, and the disingenuous efforts of self-interested elements which surround them; and most particularly to advise them that they must bend the twig if they would incline the tree, and to this end that their children must be carefully instructed in the laws of physical health (out of which grow mental and spiritual well-being), and that they must be protected as they are taught; for what does precept avail, even in the mind of the child, without the ever-necessary evident truth of example?

Who Are the Teachers.

Heretofore, and even now, the great moulders of the public mind have been and are (1) parents; (2) teachers; (3) politicians; (4) the clergy, and (5) the press. We are on the threshold of the time when another and even greater class must take a hand in the education of the people—and this is (6) the doctors of medicine. This is true because the question of health is so intimately bound up in the requirements of life, liberty and happiness, that all the people must and should have a working knowledge of the the first five classes of teachers enumer- principles of health and disease; because ated above are themselves untaught in these great principles; because the doctors of medicine, being the only authorities on such principles, are necessarily the only class that can give competent instruction therein, and by giving it will render incalculable service to mankind; and because, heretofore, the people, eagerly looking for enlightenment, have been grossly and cruelly misled in medical matters by designing charlatans who, with frightening tales of terror, or the allurement of specious lies, have sought only to dismay or to deceive their unhappy victims and steal away their substance.

The Duty to Advise.

We, as a scientific body, have no commissioned part in the government of the people, and yet, as licensed and professed exponents and disciples of the truths of science, we hold the welfare and the happiness of a great commonwealth in the hollow of our hand. The truth, the wisdom spoke and written in the ages gone, has made the civilization of today its everlasting debtor, and private effort and advice to legislative councils and to kings have often in times past borne potent influence in the gradual evolution of the culture of today. Thus Isocrates, who from his private house propounded his discourse to the parliament of Athens, persuading it to change the form of its democracy; thus Dion, of Prusa, a stranger and a private orator, gave counsel to the Rhodians; and thus, and perhaps more familiarly, did the immortal Milton, in his most celebrated piece of prose, "The Areopagitica," exhort the parliament of England, implanting in the mind of a civilized people—that womb that has borne so many marvels of development—what was perhaps the first concrete conception of our modern freedom of the press—the ineffable defender of our liberties. So, then, we, though privates in the ranks of political government, having before us these and other renowned examples of the force of intellect and science sprung from whatever source—we, too, I say, may properly, nay, we *must* in duty bound, sometime cast aside the clock of modest diffidence, and step with the blazing torch of truth aloft into the surging arena of a restless civilization which is seeking, ever seeking, for the knowledge which is power. And we may, we *must,* if we would be true to our fathers, so advise and guide an unseeing people that they may come

with lifted veils upon a realization of the beauties and the paramount importance, in this finite world, of health and happiness.

The Liability and the Asset.

As the great State of Britain, more than two centuries ago, involved in internecine contumacy, beleaguered and strung by warring Portuguese and fighting Dutch and Danes and Frenchmen of belligerent bent, needed the master hand of Cromwell to restore its balance and maintain its supremacy, so this great commonwealth of ours (to say nothing of others of these United States), distracted by the false lights of selfish aggrandizement; embarrassed by the ruinous fluctuations in the prices of her staple products; harassed by the parasitic presence of an alien and inferior race with all of its demoralization and criminality; writhing in the perennial inflammation of rancorous politics; and, to cap the already terrible climax, instead of possessing a physically (and thereby mentally) sturdy citizenship that could by its inherent force work out its own salvation with certainty and despatch—what? A strain of humanity beset and beleaguered, victimized, enervated, dementalized, and all but emasculated—by what? By preventable disease. *Preventable,* mark you, from which, through their lawmakers, they protect their stock, their sheep, their poultry, their swine, their cattle and their crops, but which, with almost contemptuous carelessness, they refuse to protect themselves, their wives, their children and their dependents. So, I say, this great State of ours, beset by these things, is sorely wanting for the master mind and hand to lead it out of the plagued land of Egypt, out of the house of a bondage economically, agriculturally, industrially and politically false. And the key that will unlock us from the tragic depths of this estate—turn it and twist it, inspect and scrutinize it as you will—is the acceptance of one single fundamental fact. Statesmen of the highest and most far-seeing type, Beaconsfield and Gladstone, and the leaders of both of our great national political parties, have recognized and acknowledged it. It is simply this: The ultimate and certain logical fact is that the welfare and prosperity of a state or a nation depends upon the health of its people; or, as it has been aptly put, "the physical health of the people is the nation's greatest asset." Can any sane man dispute it? Will any crazy genius arise to controvert it?

The Role of Medicine.

Evidently, then, there lies before the medical profession a grand role in the great drama of the survival of the nations. Disease, crime, insanity, pauperism and preventable accidents are the cachectic spots upon the body of a world-wide civilization, and in the end the responsibility for their extermination must be borne by our profession. And day by day, more and more, this power of prevention and extermination grows within us. Truly it is a privilege of power that would thrill a soul of wood and stone, and he who, possessing it and realizing it, fails to improve or utilize it, is unworthy of the professional mantle that adorns him.

The Easy Way.

It is unhappily true that the people as a whole are slow to accept scientific facts, and yet slower to apply them, particularly in matters pertaining to health. It is easier to accept the traditions and superstitions of our fathers, than to weigh with care and patience the expositions of our contemporaries. It is easier to cling to the dying dogmas of the empiric past, than to rush forward with the virile verities of the scientific present. It is easier to believe the backward child is mentally dull by the will of God, than to

make an effort to discover his defects and remove them by the aid of modern science. It is easier to regard the onset of disease as a visitation of the Divine Hand, than to use the hand of modern medicine to seek its cause, remove it and inhibit its return.

Let There Be Light.

We must show the people their mistake. We must take them with us, as far as we may go together, to our vantage ground of understanding. If we do not, they will be led astray, as many of them have already been, by the false light of deceitful and designing charlatanry. "To be willing to take trouble is the great condition of being useful to others." We must take trouble, as a solemn duty and a sacred trust. We must show our fellowmen, first, the dangers that surround them; and next, how these are to be avoided, to the end that individuals may be improved and fortified and helped onward to the goal of personal achievement, while by that very fact the race is strengthened and invigorated in its fight for progress as it passes on to posterity.

The Need of Vital Statistics.

One of the great obstacles to our mission with which we have to contend in South Carolina, is the failure of our lawmakers to enact a law for the recording of vital statistics. Such a law is needed for the enforcement of the child labor law; it is needed for the simplification of legal affairs in the winding up of estates and the division of property; it is needed in the management of certain life insurance problems; it is needed for the enforcement of the law applying to certain crimes, such as illegal marriages or the substitution of children; and in the determination of the age of consent. But more than all these, it is needed to aid in the intelligent direction of efforts looking to the conservation of the public health. It is hard to fight an enemy whose position we cannot fully reconnoitre and whose numbers we cannot accurately determine. Yet, by using the average figures of the United States census of 1910, which covers conditions in approximately sixty per cent. of the total population of the country, we may arrive at a fair estimate of the forces of disease and death with which we have to contend in our State. As these forces are respecters neither of persons nor localities, we may assume that they are equally as potentially present here as elsewhere.

The Ghastly Altar of Sacrifice.

Estimating the population of South Carolina as 1,500,000, which is close enough for our present purpose, and accepting for our death rate the average of the registration area of 1910, which is 15 per 1,000 (though the presence of our large negro population would actually bring the death rate nearer 20 than 15), we are well within the bounds of conservatism when we state the aggregate death rate in this State as 22,500 per year. With our present knowledge of their causes, 40 per cent., or 9,000, of these deaths can be prevented. Think of it, in this one little community of ours, 9,000 lives annually snuffed out, wantonly lost to families, friends, and to the commercial, agricultural and industrial progress of the State, because our people and our lawmakers will not see the necessity of providing for their protection—9,000 of them, men, women and children, mark well the number! An earthquake or a cyclone or a flood claiming perhaps a few score victims is contemplated by our citizens with convulsive horror, and such cataclysms occur once in five or ten or twenty years. Preventable diseases wipe out 9,000 lives a year, 9,000 potential units of the progress, prosperity and happiness of South Carolina ruthlessly permitted to be destroyed without reason or excuse, while annually our Legislature convenes, dis-

cusses politics and adjourns, without so much as a moment's consideration of the continuous performance of this awful tragedy. Is this statesmanship? Is this political economy?

The Economic Aspect.

The average cost of preparing a man for usefulness has been estimated at $1,500. This amount he is expected to return to the community in labor. Let us put this cost in this State, to be conservative, at $1,000. Our economic loss for this preventable death rate, even by this computation, then reaches the enormous total of $9,000,000 every year, and this does not include the economic loss incurred by illness and inability to work plus the expense of care. And this is a loss which is felt, consciously or unconsciously, by every social agent in the State—every farmer, every merchant, every hotel keeper, every transportation company, every manufacturer, is bearing his *pro rata* of this appalling waste. Can we afford it? I ask the people and their representatives of the Capitol. This is the economic aspect.

The Humanitarian Aspect.

Let us look at the matter for a brief moment from the æsthetic side. For one preventable disease alone, tuberculosis, the average death rate in the registration area is 10.7 per cent. of deaths from all causes. Our population is 1,500,000. All must die. And of these, therefore, 10.7 per cent., or 160,500, must die of tuberculosis in some form. Think of that, 160,500 human beings, your people and mine, living today in our one small State, will die of this preventable scourge, the elimination of which would add years to the average duration of life! What are our people and our legislators doing about it? Nothing. Why? and echo answers "why?" But even this is not the worst. Venereal diseases, with their complications and sequelæ, are responsible for 15 per cent. of all deaths—nearly half as much again as tuberculosis. The causes and the manner of transmission of these diseases are well known and could be prevented, and the children even unto the third and fourth generation could be spared from at least some of the sins of the fathers. Are our lawmakers, the holders of the public purse-strings, as blind as some of the hapless progeny of these sinners, that they cannot or will not see the suffering need of help?

It is not too much to say that $1,000,000 set aside by the State of South Carolina as an endowment fund for the protection of the public health would save our people perhaps 1,000 lives a year. One million dollars—note the sum—the very amount, mark you, that the present distinguished occupant of our governor's chair would casually approve of spending for changes which, however desirable, are certainly not essential, in our State House, while almost in the next breath he ruthlessly vetoes an appropriation of a paltry $4,000 for the purchase of diphtheria antitoxin to save the lives of hundreds of poor men's children, who, without its administration, must perish! "By one man sin entered into the world and death by sin, and thus death passed upon all." Preventable disease is sin. Is it possible, in this day and time, that there exists one man, clothed with reason and with political trust and power, who, by an official act, would express his willingness to perpetuate this sin? It is unthinkable. Even regarded as an example of political chicanery such an act were folly, for I will lay it down as a political truism, unappreciated as yet, but none the less true, that there is no fiscal appropriation that a governing power could make, municipal, state, or national, which would excite less hostile criticism or receive more general and hearty endorsement than the appropriation, however generous, which would provide for the protection of the people's health—

their lives and the lives of their children.

I do not say that the mere appropriation of money would eradicate these evils, but the passage of suitable, scientific legislation, with the provision of means for its enforcement, would go far toward checking them, and their elimination would be slowly but surely worked out.

The Role of Preventable Diseases.

The list of preventable infectious diseases of known origin at the present time is a long one, and includes typhoid fever, cholera, tuberculosis, dysentery, pneumonia, diphtheria, meningitis, influenza, bubonic plague, syphilis, gonnorrhœa, leprosy, tetanus, anthrax, actinomycosis, malaria, relapsing fever and diseases due to animal parasites; while many diseases, the causes of which are yet unknown, namely, yellow, typhus, and scarlet fever, trachoma, rabies, dengué, mumps, whooping cough, measles, chickenpox and smallpox, are largely susceptible of prevention. Other diseases which are not infectious, but often epidemic, and which are preventable, are scurvy and beri-beri, and in this class it seems likely that pellagra will belong, though it may eventually be shown to be of infectious protozoal origin. I should like here to pay tribute to the master minds (some, of our own kith and kin), who have aided in working out the problems presented by these diseases, but time and space, those tyrants of desire, forbid.

How to Teach the People.

The facts above enumerated should most assuredly be communicated to the people, and forcibly impressed upon them. But how? By popular lectures? Yes, but such messages reach comparatively few, and the lectures are often but mediocre at best. Through the aid of the pulpit? An admirable means, indeed, but the clergy seem unwilling themselves to learn, and their energies, as we shall presently see, seem to be sadly misdirected along other lines of endeavor. Through the legislatures and the enactment of laws? This, too, would be a forceful aid, but observation teaches us that our lawmakers are too much concerned over their own political fortunes to go about teaching what must often be inconvenient lessons to their constituents. Through the press? A valuable assistance, in truth, and the press will freely lend its aid, but its enthusiasm in the cause of uplift is almostly universally tinctured with the necessity for its commercial welfare, and the lessons in its editorial columns are but too often damned by the peculiar ethics of its advertising pages.

Through the schools, then? Ah, there lies the great opportunity. The children of today are the men and women of tomorrow. With them lies the fate of our common country. Love, duty, decency, and the sacredness of a self-imposed trust, must compel us to pass on to them all the advantages of the knowledge which we possess, the foundation of which was our own great common heritage. They must be made to go to school. They must be taught not only letters, but the blessed necessities of cleanliness and health. The weak must be made strong, and the strong must be made stronger. No one can gainsay the need for the existence of our schools. But the school is, *facile princeps,* the atrium of the dissemination of disease in the social body, both positively and negatively—the former by actual contract, and the latter by the neglected teaching of its present evils and future consequences. In the schools, then, we must inculcate in the youthful and impressionable mind the principles of cleanliness and health, and we must clinch our precepts by manifest example. Teaching by word of mouth is good, but teaching by the individual impression of one or more of the five

senses of the child is better. The latter is what is accomplished in part by the modern system of

Medical Inspection of School Children.

Sight, hearing, feeling, taste and smell, are all concerned in such a system, and the children who witness or experience the sensations of comfort, increased physical and mental ability or pleasure following the improvement or redeemed availability of any of these faculties will never forget it. Moreover, the lesson is carried home to their families. By this system infectious epidemics are prevented, physically and mentally defective children are recognized, opportunity is thus made for their correction, and their scholastic ability is increased. Such a system is of peculiar benefit to the children of poor parents who can ill afford to employ skilled and special medical attention at home, while the methods of the inspection are applied in such a dignified and ethical manner that the most sensitive or prejudiced person, once informed on the subject, could have no valid objection to offer to it. As a detail of political economy this system is sound in every aspect. While there would be an expense, necessarily, to every school exercising it, the merest tyro of an economist must admit, after a moment's thought, that if the percentage of defective children which is cited below, can be brought to do a year's work in one year, instead of in two or three years, the saving in the *per capita* expense of children educated must far overbalance the expense incurred for inspection, and besides, we must add to the profit side of the accounting the saving of the loss by epidemics prevented, and the earlier developed and increased earning capacity of the child. Do you suppose the people have thought of that? The percentages of deficiency referred to are taken from the report on 100,000 school children inspected in New York, and it is fair to assume them approximately applicable to other communities: Medical or surgical attention or better nourishment was needed by 66 per cent.; care of the teeth was needed by 40 per cent.; enlarged cervical glands were found in 38 per cent.; defective vision in 31 per cent.; diseased tonsils in 18 per cent.; post-nasal growths in 10 per cent.; and 6 per cent. were undernourished.

It is difficult, of course, to get the people to grasp the importance of these things, but at least we can reflect with pleasureable certainty that if but one generation of our school children can have them driven home our greatest labor will have borne its fruit; for we can be sure that their children, forevermore, will be protected and taught. So, then, we see that for the education of the public in the principles of health and disease, with all that this means to the prosperity and progress of our people, our greatest opportunity lies in our schools, and upon the effort there to establish these proven principles it is our duty to center our organized energies.

Some Deterrents to the Task.

My task here is not dutifully done until I speak to you, with a reminder of their power and influence among the people, of what I conceive to be some serious but not fully appreciated deterrents to our efforts in behalf of the public welfare. They operate negatively by withholding from us the co-operation with which we feel they should support us; and positively by monopolizing the public mind with demands for spectacular reforms, or by downright opposition for selfish purposes, to the medical reforms which it is desirable to establish. I refer to the pulpit and the politicians, two of the great classes of public teachers. I have already made reference to the peculiar and distressing attitude of the press.

Clerical Error.

As was Britain in the time of Cromwell, so we in this day and generation are beset and suffering with a form of religious intolerance, which, if not as visibly cruel, is perhaps at least as keen as that which stalked abroad in olden days. It is not that of one sect for another, but it is the intolerance of the whole ecclesiastical element for human nature, its customs and its habits, its business and its pleasures. It is the intolerance of "reformers" with more enthusiasm than judgment, more lung power than learning, seeking by legislation and denunciation to make bad men angels. The clergy cries "prohibition," "down with the social evil," "enjoin the race tracks," "root out card playing," "abolish dancing," and so it goes, the church arrogating to itself the politics of civil government under the guise of moral reform, and her followers, with sanctimonious activity, advertise their businesses by joining in the cry. Yet there are many honest churchmen who hurl themselves into politics, crying for ill-conceived, short-sighted "reforms." And there are others, who, confessedly or not, are utterly ignorant of the physical principles of health and disease, yet proclaim themselves as "healers," and thus doubly embarrass and annoy us in our efforts to bring to the masses the aid of modern science.

I have neither the preparation nor the ability, nor have I the faintest desire or purpose to engage in a religious controversy, or to discuss to a finish the merits and the demerits of these modern slogans of social aggression. This is recognized as a scientific body, practically, and theoretically, and we may freely admit the theoretical rectitude of any one or all of these familiar battle cries. But as practical men, trained in the observation of human nature, we know that the call is futile because it is premature. We know that all moral civilization is but a methodical formula of natural repression. But the wholesale repression by one man or set of men as exercised against another is tyranny, and all tyranny is itself intemperance. One cannot force culture upon a faculty that is unprepared to entertain it, either by a wish or a thought or an act of legislation. The customs and habits of centuries, and the natural phenomena of physiology and psychology cannot be puffed away like chaff before a whirlwind of bigotry and zealotry. Furthermore, it is a stupid zeal which attempts to destroy the root of evil by a mere lopping off of limbs, however rigorously corrective that treatment may appear. These vices, if they are vices, of the ages cannot be driven away overnight; they must be educated away, soberly, and with dignity. The old dog will not be taught new tricks, nor may one teach his grandmother how to suck eggs, and these old proverbs, wise and truthful, homely as they are, admonish us to lead the young, and make no vain effort to drive the old. Which is to say that, following the finger of science, which is knowledge, which is truth, which is power, if the church and its disciples will eschew politics and moral hysteria and take in hand the youth of our country, helping to train it in the ways of cleanliness, which is next to godliness; teaching it not only to think and speak on cleanliness, but to act on it—to wash, eat, drink, and generally comport itself in the ways of cleanliness, of hygiene and proper sanitation; then the exponents of religion will truly have aided us in laying the foundation for the apotheosis of man, and it will have accomplished more of good in one generation in the way of elimination of disease and the purification of society than it could in centuries of stirring of the muddy waters of existing political government. Let us rest assured that a clean and healthy body will inevitably produce a clean and healthy mind, and I can conceive of no greater

opportunity of service to a state, with the end in view of stamping out disease, vice and crime, than by faithful and persevering education of the youth of the land.

The Activity of the Demagogue.

The other embarrassing and discouraging deterrent to all our efforts for the physical improvement of the race, to which I have made reference, is the flourishing presence of the political demagogue, both legislative and executive; and if the so-called progressive political principle of the recall of the judiciary should ever be put into operation, I fear we shall also have in our midst the judicial variety of the same. A most deplorable instance of the demagogic appeal to the masses has occurred in the recent history of our State, when our distinguished Governor vetoed the act authorizing the medical inspection of school children, and the veto was barely sustained with the aid, humiliating as it must appear to a devoted profession, of the votes of two of its own members, both of whom, if I mistake not, are members of this association; and this in the face of the fact that at the last annual meeting of this body a unanimous vote was given to urge the Legislature to enact this bill. It is a stern and unpleasant duty, my friends, that requires me to record these things here, that those who follow after us may know just how our records stand. The medical inspection act, as it was passed by the General Assembly, was, I truly believe, the greatest piece of constructive legislation offered in this State in the past decade. It stands out as a bright light piercing the Cimmerian blackness of popular superstition and ignorance. Before long it will become a law, for already the people demand it. It is the finger of science lying, as yet but lightly, upon the public mind, and pointing along the pathway of reason to the great estate of the public welfare.

To declare, however unreasonably, that their rights and liberties are being invaded is the easiest, cheapest and commonest method by which the demagogue gains the ear of the masses. It is inevitable, of course, that the police power of the State must be exercised in nearly every situation bearing upon the public health, and in the exercise of the police power it almost invariably happens that somebody's liberty or "rights" are subjected to more or less restriction. In the massive mind of the demagogue the welfare of the public is as nothing to the sacred liberties of the individual. But, in truth, that liberty invoked in the immortal Declaration and in the Constitution of the United States did not, and could not, have its application to the individual citizen, for always in a civilized republican community the individual must be amenable to the law as formulated by the majority, with a view to the accomplishment of the greatest good for the greatest number. But politics is a modern cesspool which can never be filtered or purified in its bulk, save by the slow, but sure, process of going to that well-spring, that *vade mecum,* of the nation's strength—its schools—and leading the flowing stream of youth, clear and carefully nurtured and wholesome, through its proper courses, finally to enter and slowly temper and clarify, and drive before it, across the spillway of passing time, the long corrupted elements.

Conclusion.

I have reviewed in a very general way the existing conditions of the public health, and in pointing out some of the underlying causes of these conditions I have intimated what, in my understanding, is the best course for our profession to pursue at this time for their elimination. To summarize: I believe it to be our present duty (1) to preach, day in and day out, the gospel of education (including the teaching of the principles of

health and disease) for our children; (2) to urge upon our Legislature the fundamental importance of enacting a law for the recording of vital statistics; (3) to continue our efforts in behalf of legislation requiring the medical inspection of school children. These are the agencies which, put into force, will prove themselves the weapons that will win for our people their own salvation from the terrible conditions which confront them. These fundamental requirements provided, the rest will come as surely as science is truth, as certainly as knowledge is power. Do we not owe it as a duty that is imbued with all the sanctity of a trust which we alone can perform, to put these weapons into the hands of our people and our children for their own defense? For to serve our fellowmen as we alone can serve them is the transcendent privilege bestowed upon us from immemorial time by the art of medicine and the brotherhood of man.

Congenital Dilatation of the Colon, Giant Colon or Hirschsprung's Disease.

By Charles M. Rees, M. D., Charleston, S. C., Read Before the South Carolina Medical Association, Charleston, S. C., April 19, 1911.

I desire to place here upon record in a brief and incomplete report a case of the condition or disease of the colon, or colon and sigmoid, which is the subject of this paper. And to report two operations made upon this patient before a correct diagnosis was determined upon.

Dilatation of any portion of the large bowel as a disease is rare. Only a few cases have been observed, in the face of the rapid progress in intestinal surgery, and the tremendous work which is being done by a large number of careful, painstaking surgical observers.

The clinical course in giant colon or Hirschsprung's Disease is quite clearly defined, and it does not appear that it should offer serious difficulty in making a diagnosis. Upon superficial examination there might arise some confusion in differentiating between a giant colon, a large ovarian cyst and advanced pregnancy. The case which I will report here is my apology for presenting this paper to you.

The patient was a pupil nurse in the Roper Hospital Training School, in Charleston. Age, 23 years, robust and with fine, clear complexion. Menstruation commenced about 14 years, has always been irregular—there being long intermenstrual periods, sometimes two or three months between menstruations, but free from pain or other symptoms of importance. This young woman was active, intelligent and interested in her work. She gave promise of making a competent nurse. Her abdomen was markedly enlarged, so prominent as to be observed at once and attracted the attention of the head nurse, but no suspicion was aroused that her prominent abdomen was due to an illegitimate cause. Her mother stated that for a number of years her abdomen had been very large, and that upon several occasions she had had severe illness from some bowel trouble associated with great difficulty in having her bowels moved.

I was first called to this case early one morning by one of our resident house staff, who stated that this nurse on the night before had been suddenly seized with a severe pain, which corresponded in all other symptoms with an acute appendicitis. When I first saw her all the symptoms pointed to one of two conditions: Either an acute fulminating appendicitis with a perforation, with beginning peritonitis, or a twist and obstruction of the small bowel or, perhaps, torsion of the omentum.

Her abdomen was greatly distended with gas, sharp pain upon palpation over a considerable area surrounding the

region of the appendix—temperature, 102 and pulse 130. She was in near collapse and toxæmia was marked. As the appendix appeared rather to be the focus of the infection, an operation was made with a long incision. The peritoneum showed no evidence of infection, the colon was noticed enormously distended and the small bowel empty and flattened. A hurried exploration was made, the appendix brought out and removed. The appendix was infiltrated and hardened, but there was no marked acute changes.

During the operation it was observed that the small intestines filled with gas, the tension in the abdomen was reduced and the abdominal walls became relaxed. Patient immediately reacted from operation and for several days following everything about her was improved. I was puzzled to account for the severe symptoms before operation, and inclined to the opinion that there had been an acute obstruction by some sort of displacement of the small intestines, and that the obstruction was reduced by manipulation of bowels in operation.

The condition of the appendix, nor anything which was discovered, accounted for the severe rapid onset of the symptoms. The patient returned to her duties in the hospital four weeks after operation, and was able to continue in her work for about two weeks. Her abdomen became enormously distended, and there appeared an ill-defined tumor, which occupied chiefly the right side of her abdomen. This abdominal enlargement varied in size and its limits; it could be more distinctly palpated and limited at one time than at another. She commenced vomiting, without nausea, and for 15 days literally rejected everything that was put into her stomach.

I began to feel apprehensive that I had overlooked at the operation a pregnancy which was in existence, or a large ovarian cyst—the possibility of the development of a subacute dilatation of her stomach was thought of. However, the persistent and distressing vomiting, I thought if continued much longer, would certainly result in starvation and death.

An examination under anæsthesia was advised and she was told of the probability of the necessity for a second operation. After examination under ether anæsthesia, it was largely determined that my suspicions of a pregnancy or ovarian cyst were unfounded. As the chief source of distress appeared to exist in or about the stomach, an incision for exploration was made commencing at the costal border and extended downward along the outer border of the right rectus muscle to a point below the umbilicus. It was easy to determine that the abdominal enlargement was due to an enormously distended colon, consisting of a part of the transverse and descending colon and the sigmoid. The entire abdominal cavity was practically occupied by the inflated colon. The small intestines were crowded over to the right side and flattened, as though their contents had been squeezed out. The stomach was lifted outside of the abdomen and carefully inspected and appeared normal. The gall bladder and pancreas were palpated, but gave no evidence of disease. Through the incision an exploration could be made of the pelvic organs. The uterus was small and movable. There remained of the ovaries two cysts about the size of an English walnut. These were removed, but I must admit without good reason, for certainly they did not contribute to the symptoms which were undoubtedly caused by the diseased large bowel.

The patient made a rather slow recovery from operation—there was less distension of her abdomen for about one month following operation. She has had two severe convulsions which could not be accounted for—perhaps caused by a toxæmia from the intestinal tract. At this time the patient is up and about,

able to attend to some light household duties; she has from one to two fluid stools each day, sometimes accompanied by expulsion of large quantity of gas; when this occurs there is always marked relief.

This disease of the colon is not mentioned in "Modern Surgery" by Park, nor in "Modern Surgery" by Da Costa, or the "American Textbook of Surgery." In the "Principles of Surgery," by Rose and Charles, and "Practice of Surgery," by Mumford—in both brief mention is made of this disease under the head of "Idiopathic Congenital Dilatation of the Colon."

"Surgical Diagnosis," by Eisendrath, and "Textbook of Surgery," by Bower—about a page in each book is given to this subject as "Idiopathic Congenital Dilatation of the Colon, or Hirschsprung's Disease." It is mentioned that Hirschsprung, in 1886, first called attention to and described a case of enormous dilatation of the colon, which he believed to be of congenital origin.

The most complete and valuable report of this disease is given by E. S. Judd, of Rochester, Minnesota, and published in the volume of "General Surgery" (Practical Medicine Series for 1910); the same article is included in a recently published volume which is made up of reports of cases taken from the Mayo clinics in Rochester.

Under the head of Megacolon—Judd, writing of giant colon or Hirschsprung's Disease, observes that besides lymphangiectasis, the other causes suggested are an abnormally long mesocolon, chronic colitis, increased length of colon, mechanical obstruction, congenital aplasia of the muscular tunics, spastic contraction of the sphincter and anal fissures, neuromuscular defects and valve formation. In all cases the dilatation is associated with a marked hypertrophy of each layer of the intestinal wall, although there has been considerable discussion as to whether the dilatation or hypertrophy is primary, the majority are agreed that the factors are the same as in other regions under similar circumstances. The hypertrothy is secondary and an effort to compensate for the dilatation.

In practically all cases the large bowel and especially the sigmoid is the part involved, but at times the small bowel, stomach and œsophagus are affected. At times the dilatation terminates abruptly, usually at the beginning of the rectum.

In Judd's case the intestinal wall was a little less that twice its normal thickness. Increase was due more to muscular hypertrophy than to mucosa. There were no signs of necrosis or ulceration, the natural folding of the mucosa was entirely gone, the surface was perfectly smooth, with no evidence of extensive inflammatory changes. The case reported by Judd was that of a boy, operated upon 22d July, 1908, by W. J. Mayo.

The greatly distended colon almost filled the entire abdomen. The dilatation beginning at the hepatic flexure of the colon, increasing in size and reaching its maximum at the sigmoid, and terminating abruptly at the beginning of the rectum.

The operation consisted in a resection beginning at the hepatic flexure and extending to the rectum. The ends of the colon were turned in by purse-string linen sutures and a lateral suture anastomosis was made between the ascending colon and the anterior surface of the rectum. The section of bowel removed was 27 inches. Recovery was good, and on the third day after operation bowels moved without aid of laxatives or enema and have continued to move from one to four times each day without using artificial means.

In the case which I have reported, regret that I am unable to offer anything of value in the treatment, and must admit at the second operation upon this

young woman, I hardly felt justified or prepared to make the extensive bowel resection, which would have been required. This remains, however, for future determination and developments.

A Plea for a More Conservative Surgery of the Ovary.

By Geo. H. Bunch, M. D., Columbia, S. C., Read Before the South Carolina Medical Association, Charleston, S. C., April 19, 1911.

The ovary is the essential sexual gland in the female. It is about the eighth week before the testicle is distinguishable from the fœtal ovary. They both develop in close connection with the mesonephros. In the male the duct of Muller atrophies and testicle is developed from the duct of Wolf. In the female, on the contrary, the duct of Wolf atrophies and the ovary is formed from the duct of Muller. The ovary in the female and the testicle in the male are in every way homologous organs. The ovary is a ductless gland, whose most important function, as the name indi cates, is the secretion of eggs. It has a gland structure consisting of parenchyma and stroma with gland spaces, which, having no ducts, excrete their contents by a rupture of their walls into the peritoneal cavity. The discharged ovum is caught by the fimbria of the Fallopian tube, and passes through the tube, where it becomes fertilized before it reaches the uterus. But ovulation is not the only function of the ovary. Physiologists are agreed that the ovary in common with the thyroid, the adrenalin glands and the pituitary body has an internal secretion, which is essential to the normal development and the maintenance of the proper nervous equilibrum in woman. This is proved by the striking effects that result to the entire organism after double ovariotomy. This effect is so evident that it is commonly known as the change of life. Ovulation begins with puberty and ends with the menopause. When the internal secretion begins and ends, we do not know. After forty-five years of age, the ovary atrophies, and it is believed becomes a functionless organ. If both ovaries are removed in a young woman, it causes an artificial menopause, with all the symptoms of the natural menopause often in an aggravated form. Ovulation and menstruation are so related that they both stop at once. The uterus atrophies. The mammæ atrophy. The external genitals atrophy. The woman often becomes fat and her figure loses the plumpness and symmetry it has had. With these physical changes are associated nervous disorders that vary from paresthesia to dementia.

Thus we see that the ovary is one of the most essential organs in the female economy. Procreation and the perpetuation of the species is absolutely dependent upon it. The well-being of the individual is relatively dependent upon it. Although so important, comparatively few students of medicine recognize the macroscopical changes that a normal ovary undergoes in the performance of its function. A corpus luteum, which is but the normal condition following every ruptured graafian follicle may become one-third the size of the entire gland. How easy it is to mistake such a condition for a cyst and a perfect organ be thus sacrificed to ignorance. Every rupture of a graafian follicle leaves a scar. Therefore, every ovary, as the years after puberty go by, becomes scarred and disfigured. Such organs are in no sense pathological, yet we have all seen them removed under the false diagnosis of cirrhotic ovary. The average operator knows too little of the gross appearance and feel of the normal ovary in the various phases of its physiological life.

Every medical school should give instruction in gross anatomy and pathology, as well as in microscopical study

The profession has so long associated pelvic pain indiscriminately with the ovary that even the laity has become obsessed with the idea. Nine women out of ten with distress below the umbilicus will tell the doctor that the ovaries are affected. No matter if the symptoms are due to constipation, pyosalpinx, retroversion, or general ill health, the ovary gets the blame. Nothing could be further from the truth, and the profession is responsible for the wrong impression. The nerve supply of the ovary is largely from the sympathetic system, and an inflammation of the ovary is usually secondary to an inflammation of the tube and is relatively painless. Most of the pain in a pelvic inflammatory condition comes from a retention of the pus in the tube after the ends have becomed sealed by the inflammatory process. And I believe that sterility from gonorrhœa is usually due to the tube being thus hermetically closed, rather than to any fault of the ovary. Pelvic infection travels from the uterus through the tubes. There is always a localized peritonitis around the fimbriated end of the tube, and it is from this that the ovary becomes involved. When the primary focus of infection, namely, the tubes and the uterus, is removed, organs secondarily infected often overcome this infection and regain their functional activity. Now, this is peculiarly true of the ovary. It has an abundant blood supply, the ovarian artery coming directly from the abdominal aorta. Conservatism must be consistent and it would be folly to burden the patient with any gland whose parenchyma is so destroyed by disease that it can no longer perform its function. Such an inflammatory mass would be no serious menace if left behind. Usually the destruction of the ovarian tissue is not so extensive but that some part of one ovary remains uninvolved. Under such conditions the organ should be resected and as much of it as is capable of functionating should be retained. Only a narrow fringe of one ovary will prevent a woman from being unsexed. And if one tube with the uterus can be retained there is a fair probability of conception, although the ovary left be on the opposite side to the tube. When the uterus or tubes are removed the woman is sterile, but when both ovaries are gone, she is unsexed and no longer a woman.

The ovary is a movable organ and its position is only relative. When the uterus enlarges, during pregnancy, the broad ligament with the ovary is carried up into the abdomen by the fundus. This is nature's way of protecting such an important organ from the increased pelvic pressure due to the constantly increasing uterus. It is because of this quality that the ovary remains unchanged by a fibroid uterus, and in hysterectomy for fibroid the ovaries should not be removed, especially if the patient has not reached the menopause. In carcinoma, of course, everything should be sacrificed in our endeavor to save life. Every cancer cell, every enlarged gland, must be removed, no matter how radical the operation may be.

Just as the ovaries are carried up with the uterus when that organ enlarges, they are pulled back by it in retroversion and down by it in procidentia. Being attached to the broad ligament, anything producing a relaxation of that ligament will effect the position of the ovaries by allowing them to fall back into the pelvis. Prolapse of the ovary is in this way associated practically always with a retroversion of the uterus due to a lack of support by a relaxed pelvic outlet or by a stretching of the uterine ligaments. The pain from which the patient suffers is promptly relieved by a repair of the lacerated perineum and a Gilliam suspension of the uterus. There has been a

long-standing difference of opinion among gynecologists as to what should be done with ovaries containing small multiple cysts. It was once the custom to remove such organs, although the condition rarely gives symptoms. It is now conceded that this procedure is too radical. Many authorities do not disturb such ovaries at all, believing that the condition does not get worse. Such an ovary causes no pain and continues to functionate.

There is no surgical problem in which better judgment is required than whether to oblate, resect or leave alone the ovaries in any given case. Ovariotomy is a very simple procedure, with practically no mortality. It is easier to remove than to resect an ovary. The operator should not be an extremist. He should not remove such a useful organ unless the necessity be evident. Nor should he leave in the pelvis a mass of pathological debris, just because the woman for sentimental reasons does not want her ovaries removed. The removal of such a mass does not unsex the woman. This has already been done months before by disease. When we speak of conservatism in surgery, we mean a conservatism that is consistent with good health. Our endeavor should always be to cure the patient. In patients forty years of age there is not the same need for conservatism of the adnexa as in younger women. Statistics of different operators vary. Some claim that symptoms are not relieved by conservatism, that nothing but oblation cures. Such a position is radical and untenable. Not more than five per cent. of patients who have had a conservative operation properly done should return for a second operation. There are neurasthenics whom nothing cures. When such patients once have a retroversion or a gonorrhœal infection they are never relieved. They acquire the operating habit. One exploratory laparotomy after another is done until finally the operator, in sheer desperation, does a panhysterectomy, and usually makes his patient much worse than she was even with the primary condition.

It has been aptly said that a woman's ovaries belong to the commonwealth, and that she is only their custodian. It is the ovary that makes a woman a woman. It is the essential sexual organ in the female, and from it all the peculiar qualities of the sex emanate. Be it said to our shame that through ignorance thousands of useful ovaries have been removed. We have deprived, not only individuals, but the nation of that which we cannot restore. The ovary is the homologous organ to the testicle. Although the testicle, through its exposed position, and the immorality of the male sex, is much more subject to disease and trauma than the ovary; we venture to assert without fear of successful contradiction that there are a hundred women to one man castrated. From sentiment, from surgical analogy, and from fairness we respectfully ask for the ovary the same surgical consideration as for the testicle.

The Diagnosis of Typhoid Fever.

By W. T. Gibson, M. D., Batesburg, S. C., Read Before the Meeting of the Lexington County Medical Society, April 3d, at Batesburg, S. C.

The diagnosis of typhoid fever is very important, and I wish to discuss this with you for a few minutes. There are many who say that the early diagnosis is not important, because the treatment generally would be the same. I do not agree with them, for as soon as you make a positive diagnosis you can cut out most of the drugs.

All of you are familiar with the general symptoms of typhoid. The gradual onset, patient complaining of headache, general malaise, weak and tired feeling, anorexia, feelings of chilliness, sometimes

actual chill, and often nose bleed. These symptoms lasting a few days or even a week when the physician is called. We find the patient giving the above history and having some temperature, the temperature being higher in evenings than in morning and daily getting higher. The tongue is coated with a whitish furrowed coating thicker in middle and disappearing toward the edges. The breath is foul and often lips are dry and parched; there is a fullness of countenance often called the typhoid expression. When spoken to they seem dull and slow in answering. The pulse is compressible and often dicrotic, and is not rapid in proportion to the temperature. Then in the beginning of the second week we find the spleen enlarged and in 60 to 70 per cent. of cases we find rose colored spots over the abdomen and chest. Such a history makes us very suspicious of typhoid, and, perhaps, when we find this we are justified in so diagnosing. There are a few things with which we may be confused. Malaria, unless there is continued fever, is differentiated and even then malaria will readily respond to quinine, while typhoid will not. In meningitis the onset is different and there is more restlessness, rigidity of muscles and by parasthesia, and reflexes exaggerated. Acute tuberculosis is often mistaken for typhoid, but here we have a greater frequency of the pulse and of respiration, and often a pronounced cough, although in typhoid we often have a bronchial cough. There is an absence of the peculiar stepladder temperature of typhoid. There are a few other diseases which may be confused with typhoid by the careless, but I will not now speak of these.

The object of this paper is to help to make the diagnosis of typhoid easier for the doctor practicing in the country or small town, who has not a microscope and no access to one. The easiest and quickest way to diagnosis typhoid is by finding the typhoid bacilli in the blood of the patient. The old time-honored way of doing this is by the Widal reaction. I am sure you are all familiar with this test, and so I will not explain further, as to make this test requires a microscope.

But I will show you a test which is as certain and requires no microscope, but only an instrument costing $2.50. This instrument is called the agglutometer, and the principle of the test is the same with this as in the Widal, the agglutination of the bacilli when put in a glycerinized solution of dead, macerated bacteria.

I present this to you because I know its value from actual experiences. I spent the summer of 1908 in the University Hospital, Baltimore, Md., and we had over a hundred cases of typhoid fever there during my interneship. Upon 80 odd of these I tried this test and in nearly every one the test showed positive before the Widal test did. Some times in from one to three days earlier. In every case in which the test showed positive the later clinical symptoms bore out the diagnosis. The test will seldom show positive before the latter part of first or beginning of second week. In from six to seven days.

I have an agglutometer here with me, and I will be glad to show it to you and tell you how the test is made.

The removal of a wedge of skin at the side of an ingrown nail, as in Cotting's operation, is rarely necessary and usually objectionable. Granulations disappear quickly when the nail segment is withdrawn; if they are exuberant they may be snipped or burned off.—*American Journal of Surgery.*

A severe sore feeling in the throat is frequently complained of by nervous individuals. Close inspection will show numerous fine white spots surrounded by a red areola—herpes.—*American Journal of Surgery.*

Society Reports.

Charleston Medical Society.

The South Carolina Medical Society (Charleston county) held a regular meeting March 1, 1912. After several business matters had been disposed of medical news was taken up.

Dr. C. M. Rees spoke on the subject of "Direct Transfusion." He first sketched its history and then reviewed Crile's valuable work in this field. While outlining the technique, he passed around a set of Crile's canulas, which he had procurred. The vessels are dissected up under cocaine anæsthesia and the canula having been inserted in cuff of vein, the artery is pulled over its intima. The results of this procedure have been marvelous, especially in shock and hemorrhage.

Dr. T. P. Whaley said that the essential point is to bring intima in contact with intima, and that he did not see the necessity for such delicate instruments, he himself having transfused with a piece of a small silver catheter.

Dr. W. P. Porcher reported several cases of nasal catarrh with scab formation as cured. He had opened up the antrum of Highmore and the lateral sinus and packed with iodofom gauze. Internally he gave potash iodide to keep the nasal secretion fluid. He then stated that recently he had seen in Summerville, S. C., a typical case of malignant diphtheria. He sent a culture and piece of the membrane to the bacteriological laboratory, and was surprised to receive a negative report as to Klebs Lœffler bacilli. However, the membrane disappeared very soon after using the diphtheria antitoxin.

Dr. G. McF. Mood said that he had examined both membrane and culture and obtained a pure culture of streptococci and no Klebs Lœffler. He suggested that the case was one of streptococcic angina and remarked that diphtheria antitoxin frequently cured streptococcic sore throat.

The society then adjourned.

R. M. Pollitzer, M. D.,
Recording Secretary.

The South Carolina Medical Society (Charleston county) held a meeting at the society's hall on the evening of March 15, 1912.

Major Page, Med. Corps, U. S. A., read a very interesting and instructive paper on the prophylactic injection against typhoid fever. Major Page stated that he and his assistants had given over 2,500 injections and had not seen a single case of real sickness following. Not one per cent. of the enlisted men asked to be excused from duty. The reaction is very mild, the arm not becoming painful, but merely a little sore. The technique is quite simple. The skin is sterilized with tincture iodine and with an ordinary syringe 500,000,000 dead typhoid bacilli are injected into the subcutaneous tissue. Ten days later, one billion are given and this dose is repeated in ten days more. Major Page then injected one of the members of the society. Following this, the paper was thrown open to discussion.

Dr. C. M. Rees said that the results have been excellent and the technique is so simple that the procedure should have a fixed place in civil as well as military circles.

Dr. G. McF. Mood emphasized the importance of typhoid vaccination, stating that in some communities it is just as important as vaccination against smallpox.

Drs. A. J. Buist, D. L. Maguire, A. J. Jervey and A. E. Baker contributed to the discussion.

Dr. A. J. Buist read a clear and concise paper on the "Etiology of Dysmenor-

rhea." He stated that dysmenorrhea stands to the gynecologist as headache does to the internist. Often operative procedures are not indicated, and our aim should be to find the underlying cause of this symptom.

Dr. A. E. Baker discussed the paper and spoke against blindly using the so-called uterine tonics. Dr. C. M. Rees deplored the too frequent and harmful surgery that has unnecessarily been done for the relief of dysmenorrhea and urged consultation with an internist more often. Dr. L. D. Barbot also emphasized the importance of the etiology in the making of the diagnosis.

Dr. Buist, in his reply, dwelt on the recent tendency towards athletics and outdoor life with the result that the body, as well as the mind, is given exercise and a chance to develop.

Under medical news, Major Page reported that a prominent English surgeon has ceased to use post-operative dressing, merely employing tincture iodine, because the dressings cause secretion from skin.

Dr. Baker reported a case in which following a fracture of the leg and "bone fever," the leg had become bent like a U. The lady is one of fifteen children, of whom two others have had the same deformity since birth. Several photographs and radiograms were shown. Then Dr. Baker passed around photographs of successive stages in repair, following an operation for harelip. He suggested that operation be done as soon as possible after the first year.

Dr. Rees said that he had seen the case of bone deformity and considered the disease osteomalacia, and that only surgery could avail in giving relief. He then presented a colored male adult with deep ulceration about the mouth. After excluding several possibilities, he made a diagnosis of gangrenous stomatitis probably following syphilis. The condition had been present one month. A piece of tissue is to be examined microscopically.

Dr. Rees reported having recently removed a smooth movable tumor from the abdominal wall, which had its base in the parietal peritoneum. The mass looked like a fibroma of the uterus. As yet no pathologic report has been had.

Dr. E. H. Sparkman stated that there are two cases of smallpox at the pest house at present.

Dr. Cornell said that for several months he had been in the habit of applying iodine to wounds of scalp and face and not using dressings, and had seen no bad results.

Dr. F. Wilson reported a severe case of herpes zoster of the arm and neck.

Dr. F. B. Johnson reported a case of typhoid fever in a baby of 11½ months. Three positive Widals were obtained. At the end of two weeks the temperature fell to normal. He spoke briefly as to the rarity of the disease so early in life.

There being no further business and the hour quite late, the society adjourned.

R. M. Pollitzer, M. D.,
Corresponding Secretary.

Pickens.

The Pickens County Medical Society met April 3, 1912. Dr. C. N. Wyatt, president, called the society to order. The attendance was very large. All members were present with the exception of one or two. There were clinical cases presented at this meeting.

Dr. H. E. Russell read an unusually good paper on internal medicine. He made a strong plea for a thorough study of internal medicine. Dr. Russell's paper was ably discussed by Dr. C. N. Wyatt, also by Drs. Sheldon, Woodruff and Tripp.

Dr. Robert Kirksey was re-elected a member of the society. Dr. Kirksey has

been practicing medicine in Oklahoma for the past three years, but is now located at Crow Creek, S. C.

The following resolution was introduced by Dr. W. A. Tripp, and was unnanimously adopted by a rising vote of the society: That the thanks of the Pickens County Medical Society be extended to Dr. E. A. Hines, secretary of South Carolina Medical Association, for the successful management of the *Journal of the South Carolina Medical Association,* and also for his brilliant editorials.

The society regrets very much to hear that Dr. Jarrett, one of the most skillful of the junior members, is to make Lyuchburg, Va., his home in the near future.

Dr. W. A. Sheldon will read a paper at the next meeting on "Entero-Colitis."

R. J. Gilliland, Secretary.

Sumter County.

On March 7, 1912, the Sumter County Medical Society held its regular monthly meeting with the following members present: Drs. Baker. H. A. Mood, Dwight, Mills, Stuckey, Holman and Lemmon.

No papers were read at this meeting owing to the fact that Dr. Wilson was out of town, who had been called upon to read a paper on the "Causes of Deafness."

The application for membership of Dr. F. B. Sanders was considered. On motion of Dr. Stuckey, the secretary was instructed to cast the unanimous ballot of the society electing him a member.

Several interesting subjects were discussed. Dr. Stuckey asked for the etiology, pathology and treatment of acute earache. Those cases that suffered for a few hours intensely the next day were apparently in perfect health. This brought forth a general discussion.

Dr. H. A. Mood exhibited several interesting X-ray photographs, one especially so was that showing displacement of the hip.

Dr. Baker called the attention of the society to the fact that there is such an affection as horse asthma, which is due to a personal idosyncrasy. Affected persons cannot ride or come near horses without sneezing. The sneezing continues as long as they are near horses. If persons so affected are administered antitoxin prepared from the horse the dose will kill the patient.

Dr. Dwight reported a case of hay fever which Dr. Wilson almost completely cured by some operation on the nose and throat.

Dr. Stuckey reported having seen several cases of dermatitis lately resembling poison oak.

The next regular meeting will be on April 4, 1912. Essayist: Dr. E. A. Wilson. Subject: "Causes of Deafness." Subject for discussion: "Diabetes." Leader, Dr. H. A. Mood; alternate, Dr. H. M. Stuckey.

Chas. J. Lemmon, Secretary.

Spartanburg.

On March 29th the Spartanburg County Medical Society held a most successful meeting with twenty-four members and several members of the city council and Board of Health present. Dr. O. W. Leonard, who is an alderman, as well as a member of the society, read a paper entitled "A City Market From a Physician's View Point." This paper was discussed by several members of the society, and by all of the members of the city council and Board of Health present. As the first step towards a city market the mayor has promised to look into the establishing of an abattoir to be owned by the city, at a very early date. Dr. W. B. Patton delivered an address on "What Should a Community Do for Its Sick Day Laborer?" This was very gen-

erally discussed. This meeting will no doubt produce good results. After the business of the society was disposed of the members repaired to the Gresham Hotel and enjoyed a very fine dinner as guests of several bachelor members of the society. This being leap year, perhaps this was a farewell to bachelorhood dinner. Who knows?

L. Rosa H. Gantt, Secretary.

Aiken.

The regular meeting of the Aiken County Medical Society for the month of march was held Monday noon on the 18th at the Masonic Hall, there being about fifteen members present. Dr. A. B. Knowlton, of Columbia, was the invited speaker, and delivered a most able and instructive address on "Vaginal Cæsarean Section." His lecture was much appreciated and freely discussed by those present. Dr. Knowlton also gave some excellent advice concerning the keeping up of the enthusiasm and standard of the society and its members.

There being no business to come before the society, the meeting adjourned, and on invitation of Dr. T. G. Croft, the members were invited to his home, where they enjoyed a most delightful luncheon.

T. C. Stone,
Sec. and Treas.

Columbia Medical Society.

The Columbia Society met at Ridgewood Club as the guest of Dr. LeGrand Guerry, March 11, 1912. The following members being present: Drs. C. E. and L. B. Owens, LaBorde, Williams, W. R. Barron, H. W. Rice, Taylor, Quattlebaum, Boozer, Knowlton, Guerry, Griffith, Kibler, Pope, Bunch, Whaley, Guignard, Philpot, Watson, Abel, Poore, Jennings, Hayne, Smith, Coward, Black, McIntosh, Fishburne, Cooper, Boyd, Moore, Durham, Thompson and Fulmer.

Dr. Badenbaugh, of Prosperity, was a guest at the meeting and was extended the privileges of the floor.

Dr. Knowlton reported an operation he had recently performed for pyloric ulcer.

Dr. Watson reported a case of paralysis of diaphram.

Dr. Taylor read a paper on the "Pathology of Cancer," and Dr. Coward opened the discussion of same.

Dr. G. H. Bunch read a paper on the "Treatment of Cancer," Dr. Guerry opening the discussion of Dr. Bunch's paper.

Voluntary Papers.

Dr. F. A. Coward read a paper on "Colon Bacillus Infection of Upper Urinary Tract."

There being no further scientific business, after hearing committee reports, etc., the society was adjourned by the president.

W. R. Barron, Secretary.

From the Lay Press.

Bennettsville Doctor Cut by Crazy Negro.

The State.

Bennettsville, April 7.—Special: Dr. J. A. Faison was severely cut last night by John White, a crazy negro man.

About 11 o'clock Dr. Faison received a phone message to go to the plantation of Kenneth Matheson, about six miles west of Bennettsville, to see White, who was acting as a crazy man.

Dr. Faison hastened to answer the call. In the meantime, the negro had escaped from those who had him in custody. As Dr. Faison drove on the dam at Egypt mill, the negro, with a sheet over him, jumped in front of the horse and seized the lines, frightening the horse. It looked like the horse would back the

buggy from the dam, and Dr. Faison got out. The negro advanced and slashed the physician's face with a knife. Dr. Faison grabbed the negro and threw him down, but soon found that the negro had two knives. Finally the doctor succeeded in pinning both the negro's hands down, but in that position he could not take the knives away from him. After about fifteen minutes two negro men came up and the maniac was tied. Then Dr. Faison found he was badly cut. He hurried to Bennettsville, where physicians dressed his wounds. One ugly gash ran from just behind the ear to above the left eye, requiring ten stitches to close it. Another one began just below the temple and ran to near the middle of the chin, requiring six or seven stitches. The right hand was also badly cut. Dr. Faison's remarkable strength and personal attention to his wounds alone prevented his bleeding to death.

The negro was brought to jail covered with blood from Dr. Faison.

The New Mayor.

Abbeville Medium, March 15, 1912.

Dr. C. C. Gambrell, nominated in the primary Tuesday for mayor of Abbeville, is a wide-awake, progressive citizen, and if he receives the support of all the citizens of the town he will make good. He has always been foremost in every enterprise that tended to make Abbeville bigger and greater. All citizens should stand to his back, regardless of whether they supported him or not, and "pull for Abbeville or pull out." Some have expressed the fear that he will be too extravagant. We do not like to pay taxes any more than any one else, but if he will make the streets and sidewalks, schools and fire department better and more efficient, we will not care if he does increase the taxes. The taxes of Abbeville, at present, are not half what they are in other progressive towns around us, and we cannot expect modern improvement without money. The new mayor says he expects to work for new enterprises for the city, and for the development of the city along all lines. Let everyone lend him a helping hand.

Dr. C. C. Gambrell is a self-made man. He worked and paid his own way through college, and has made money practicing medicine. He is president of the Abbeville County Fair Association, a director in the Farmers Bank, president of The Medium Publishing Company, and has stock in every enterprise in Abbeville, and is never lacking when it comes to the good of Abbeville.

Dr. S. F. Brasington Is Mayor of Camden.

The State

Camden, March 19.—Special: Dr. S. F. Brasington was re-elected mayor of Camden today over Dr. W. J. Dunn, by a majority of 54 votes. The election created more interest than any election that has been held here during the past 20 years. All day long about a dozen carriages and automobiles transported the voters to the polls. Business has been at a standstill. All sides claimed victory, and every candidate was very hopeful, until the votes were counted. Large crowds congregated around the opera house and Hotel Camden corner when the results began coming in, and as soon as they were announced there was considerable cheering.

A brass band serenaded the newly elected mayor and aldermen at 9 o'clock tonight. The crowds were very orderly throughout the day, only one fight being reported.

The Camden Chronicle got out a four-page extra thirty minutes after the

election, giving a detailed count of the votes, the pictures and an account of the lives of each successful candidate.

In Ward 1, Brasington and Huckabee run over for alderman again. Ward 8—Mathis defeated Beattie by three votes. Ward 3—Zemp defeated Malone by four votes. Ward 4—Wooten defeated Yates by seven votes. Ward 5—Johnson defeated Mackey by three votes. Dr. S. C. Zemp was re-elected in Ward 6 without opposition.

Gaffney Officers.

The State.

Gaffney, March 22.—Special: In accordance with a State law, Mayor Butler yesterday appointed a board of health for Gaffney, consisting of Dr. R. T. Ferguson, Dr. S. Baskin Sherard, G. G. Byers, W. F. Smith and R. E. LeMaster. The board at once effected an organization by electing Dr. Ferguson president, and Mr. LeMaster secretary. The members have already assumed their duties, and are now acting with the health officer, Mr. Hudson, taking steps to care for the health of the city and community. The mayor is to be commended for his selection of a board, and the people of the city feel that they are fortunate in being able to secure such men.

Funeral of Dr. M. W. Culp.

The State.

Union, April 2.—Dr. M. W. Culp, who died very unexpectedly on Saturday night, was buried here yesterday afternoon in the Methodist churchyard. The funeral services were held at Grace Methodist church at 5 o'clock, the services being conducted by Rev. J. F. Matheson, of the First Presbyterian church, Rev. J. L. Daniel, of the Methodist church, and Rev. L. M. Rice, of the Baptist church. The interment was under the burial service of the local lodge of the Knights of Honor, of which Dr. Culp was an active member. Dr. Culp leaves surviving him his widow, who was Miss Mary Graham, of Little Falls, N. Y., and two brothers, F. Bartow Culp, of this city, and Benjamin D. Culp, of Norfolk, Va.

Dr. Culp was a prominent physician of Union, and had been president of the Union County Medical Society. He was always actively identified with any movement for the progress and betterment of Union and Union county.

X-Ray Laboratory.

Greenville News, March 18.

Dr. J. E. Daniel has ordered one of the most powerful machines ever built in this country for the equipment of an up-to-date X-ray laboratory in Greenville. The machine is expected to arrive within the next two or three weeks, and arrangements may be made to install it in connection with the new City Hospital.

The laboratory will be one of the best equipped in the State.

Lexington Medicos Met.

News and Courier.

Lexington, April 7.—Special: The Lexington County Medical Society met in the beautiful town of "Batesburg on the Ridge" last Wednesday. This was one of the most interesting and instructive meetings in the history of the society. There were present physicians from the counties of Lexington, Saluda and Aiken. The following papers were read: "Cirrhosis of the Liver," by Dr. Connor, of Saluda; "Early Diagnosis of Typhoid Fever," Dr. Gibson, of Batesburg; "Relation of the Diseases of the Mouth to Health," Dr. Taylor, dentist,

of Batesburg. One of the features of the meeting was a clinic of different diseases, some of which were rare and very interesting, indeed.

The attending doctors were royally entertained at the Batesburg Hotel by the doctors of Batesburg. The next regular meeting will be held at Lexington.

Accident at Chester.

The State.

Chester, March 21.—Special: While out answering a call Tuesday night, Dr. A. M. Wylie, with little son, Ambrose, in his buggy, ran into a negro boy, who was riding a horse at racetrack speed on York street. Father and son were hurled to the earth by the sudden jar. The former sustained painful bruises and scratches, while the little fellow escaped unscarred.

Hookworm Campaign Ends.

The State.

Conway, April 7.—Special: Dr. J. T. Howell, the hookworm specialist, who has been conducting a compaign against the disease in this county for the past three months, has finished his work and will leave Horry within the next few days. The doctor came some time in January under the auspices of the State Board of Health, and has made many friends in the county. During his stay here Dr. Howell has had 3,265 applicants, and of that number he has treated 2,029. This shows that of those who came to him for examination about 65 per cent. were infected with the disease. While here he established dispensaries in several parts of the county and gave free illustrated lectures on his rounds. The local board of health feels that much has been accomplished towards the eradication of the disease in the county, and the people generally will be greatly benefited by this campaign.

Dr. Knowlton Spoke.

The State.

Aiken, March 22.—Special: At the regular monthly meeting of the Aiken County Medical Association, held this week, Dr. A. B. Knowlton, of Columbia, delivered an instructive talk on "Cæsarian Section," after which the members lunched with Dr. T. G. Croft.

A small erosion of the trachea may give rise to a distressing hemoptysis which differs from a hemorrhage from the lungs in that there are no lung symptoms, no loss of weight or constitutional symptoms, and in that the bleeding occurs in small lumps of clotted blood.—*American Journal of Surgery.*

Journal of the South Carolina Medical Association

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May Have Public Hospital.

The State.

Chester, March 22.—Special: A movement is under way to establish a public hospital in Chester. This effort that is being thrust forward in behalf of this much-needed institution does not reflect on the capital work that is being accomplished at the local private hospital here. Not only will it not be a hostile hospital to the present one here, but will merely supplement it. The new hospital, as its name suggests, is to be a public one. It will contain a very large charity department. No one will be turned away from its doors for lack of funds. Its inception was probably inspired by the beneficent medical work done at such hospitals as the Roper, of Charleston, or the Watts, of Durham, N. C.

The movement was thoroughly discussed at a meeting of the city physicians Wednesday afternoon. All the local physicians will be asked to interest themselves in the hospital. Those directly behind the movement are reticent regaring their plans, and do not care to have them made public at this time. However, some interesting news will be issued shortly in regard to it. The location of the hospital has been almost decided upon.

Book Reviews.

Pellagra. By George M. Niles, M. D., Professor of Gastro-Enterology and Therapeutics in the Atlanta School of Medicine, Atlanta, Georgia. Octavo of 253 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, $3.00 net.

The South has produced too few books on Medical Subjects. Teaching clinics have been devoted largely to the actual, practical work of training medical students. The subject of this book is at present largely a problem of the South. The Southern men should be the first to present the world the first hand knowledge of the manifestations of the disease here. Dr. Niles has done this in a creditable manner. The author has traveled widely in the South. He therefore knows thoroughly the situation. Dr. Niles has been generous in quoting other authors and investigators. He has the advantage of the Pellagra Hospital Clinic, probably the first hospital in America to be exclusively devoted to this disease. The book should be in the libraries of the Southern physicians especially.

* * *

Honan's Handbook of Medical Europe. A Ready Reference Book to the Universities, Hospitals, Clinics, Laboratories and General Medical Work of the Principal Cities of Europe. By James Henry Honan, M. D. Published by P. Blackiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa. Price, $1.50.

There is an immense amount of information condensed in this small volume and many questions answered for the prospective post-graduate student. It is a book that will probably become more and more useful with each revision.

* * *

An International System of Ophthalmic Practice. Edited by Walter L. Pyle, A. M., M. D., Philadelphia, Member of the American Ophthalmological Society. *Therapeutics.* By Sydney Stephenson, M. B., F. R. C. S., London, Late Honorary Secretary of the Ophthalmological Society. P. Blakiston's Son & Co., Philadelphia. Price, $4.00.

This system is designed to provide a compact and thoroughly modern digest of ophthalmic practice. The idea appears to have been worked out in an admirable manner. The index is good and the information practical and yet comprehensive.

* * *

Health and Medical Inspection of School Children. By Walter S. Cornell, M. D., Director of Medical Inspection of Public Schools, Philadelphia; Lecturer on Child Hygiene, University of Pennsylvania; Director of Division of Medical Research, New Jersey Training School for the Feeble-Minded, etc. Illustrated with 200 Half-Tone and Line Engravings, many of them Original. Publishers: F. A. Davis Company, Philadelphia, 1912.

This is one of the most interesting books we have seen on this subject. Philadelphia is noted for public health efficiency. This book deals with the Health and Medical Inspection of School Children in a thorough manner. The subject matter is universally well balanced, giving the details of inaugurating and maintaining the system. The matter of compensation of medical men for their services is gone into. The value of the system is weighed by the reports of laymen, teachers and physicians. The mentally defective child is considered. Diseases peculiar to school children are described and the questions relating to quarantine,

etc., discussed. Every doctor who has any inclination to study these subjects will find this book eminently satisfactory.

* * *

Immunity Methods of Diagnosis and Therapy and Their Practical Application. By Dr. Julius Citron, Assistant at the University Clinic of Berlin, 2d Medical Division. Translated from the German and Edited by A. L. Garbat, M. D., Assistant Pathologist, German Hospital, New York. Published by P. Blakiston's Son & Co., Philadelphia. Price, $3.00.

This work should appeal to every medical man, regardless of his special field of labor. If he deals with disease, or with its prevention, the questions discussed here will be daily considered. It is up to date, 1912.

Publishers' Items.

M. E. Brockman, Seneca, S. C., Manager Advertising Department.

The editor of the South Carolina Medical Journal, after careful consideration, has decided to increase the efficiency of The Journal by adding this department, which will be known as the "Publishers' Items Department." Primarily the object of this new department is to be of some service to our advertisers, but, in addition to this, we desire to add from time to time some things of a personal nature concerning the doctors of the State.

We wish to call your attention to our advertisers; they are our friends; we want you to think of them and call upon them as your friends.

A NEW THYROID PREPARATION.

To Dr. S. P. Beebe, Ph. D., Professor of Experimental Therapeutics in Cornell University Medical School, the profession is indebted for a new and valuable preparation of the active principle of the thyroid gland. It is a carefully standardized product, consisting of certain proteids of normal glands, extracted, purified and adjusted to a content of 0.33 per cent. of iodine. Its preparation has been entrusted to Messrs. Parke, Davis & Co., and the product is offered to the medical profession under the name of Thyroprotein (Beebe).

The selection of normal glands for use in making Thyroprotein, it may be noted, is a very important matter. Heretofore the glands of sheep have been used in medicine, and it is now known that sheep from certain parts of the country always have goitrous glands, which are rich in content of proteid of the thyroglobulin type, but contain very little iodine. This fact alone counts for much of the variation noted in thyroid therapy. Furthermore, the thyroid gland, as a whole, contains certain substances which appear to be not only useless, but actually harmful. In the preparation of Thyroprotein these objectionable substances are rejected.

For therapeutic administration the proteid (thyroprotein) is diluted with milk sugar and made into tablets, each of which weighs exactly two grains. These tablets are supplied in three strengths, containing, respectively, 1 per cent., 2 per cent. and 5 per cent. (of 2 grains) of the active medicament. The 1 per cent. and 2 per cent. tablets are used almost entirely in the treatment of goitre. The stronger (5 per cent.) tablets are employed in metabolic disorders, as skin lesions, joint affections, myxedema, cretinism, or other conditions in which there is markedly deficient thyroid activity.

Physicians who are desirous of learning more of this thyroid preparation will do well to send a request to the manufacturers, Parke, Davis & Co., at their home offices in Detroit, or any of their branch houses, for their new booklet descriptive of the product. It bears the title "Thyroid Therapy," and contains a lot of useful information.

PERRYMAN & CO., ATLANTA, GA.

Not long since the manager of the advertising department had the good pleasure of calling upon one of the two stores of this company. The manager was very courteous and gave us quite a good deal of valuable information about Atlanta advertisers.

Perryman & Co. have the largest house of its kind in the South, excepting none. They are well prepared to equip any doctor, doctor's office, or sanitarium. They also carry a full line of operating tables, chairs, and an enormous line of instruments. In fact, any and everything a first-class physician could ask for, and especially will their line of rubber goods and stockings be of interest to you.

A PLEASANT, EFFICIENT LAXATIVE.

The desirable qualities of a first-class laxative are efficiency and freedom from unpleasant taste. The lack of either to just that extent disqualifies the product for use in the treatment of chronic constipation. That it is difficult to find a palatable and efficient laxative in the same medicament is a pretty generally accepted fact. It is possible to do so, however, and Cascara Evacuant may be cited as proof of that possibility. This preparation is pleasant in taste, and in doses of 15 to 30

minims in water it performs its duty quickly and well, without incidental nausea or distress. That is why children rarely object to taking it, and adults prefer it to other preparations.

The product is manufactured by Parke, Davis & Co., and is procurable from any well-stocked retail pharmacy. To avoid confusion with other so-called aromatic cascaras, however, it is well to specify clearly "Cascara Evacuant, P. D. & Co."

THE SUPERIORITY OF COD LIVER OIL IN PALATABLE FORM.

Whilst none questions the nutritional and therapeutic properties of cod liver oil, yet what avails it when its administration provokes gastric disturbance. If the gastric function be interfered with by the oil, it were better not to give it. Chemists long ago began endeavors to overcome the undesirable features of the oil, and how well they have succeeded is shown in that most palatable, and yet efficient product, Cord. Ext. Ol. Morrhuæ Comp. (Hagee), which, while possessing all of the food and medicinal virtues of the plain oil, is agreeable to the most exacting stomachs, even when continued over long periods of time. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) as a reconstructive will prove highly serviceable in the many debilitated conditions, in which it is indicated, and the physician ordering it will be gratified at the results produced.

FUEL FOR THE BODY.

One of the best means of supplying the body with fuel is cod liver oil, for in it are the elements needed by the tissues to take the place of those lost in the phenomenon of energy-production. This is the reason that cod liver oil is widely resorted to for the purpose of restoring strength and energy to an organism, reduced in vigor as a consequence of a protracted illness. In the selection of a special preparation of the oil, the two determining factors should be: 1st, efficiency; 2d, palatability; and since these two requirements are clearly met by Cord. Ext. Ol. Morrhuæ Comp. (Hagee), it is, in a vast majority of cases, the agent of choice. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) contains in pleasant form the active principles of oil, reinforced by the hypophosphites of soda and calcium, and may be ordered with every confidence in its power to charge the tissues with needed fuel.

W. B. Saunders Company have just issued a new (16th) edition of their Illustrated Catalogue, which describes some forty new books and new editions published by them since the issuance of the former edition.

The books listed in this catalogue cover every subject of interest to the medical man. The descriptions and illustrations are such as to enable the reader to select easily just the book he wishes on any branch. It is really an index to correct medical literature—an index by which the practitioner, the surgeon, and the specialist, can acquaint himself with what is new in the literature of his subject.

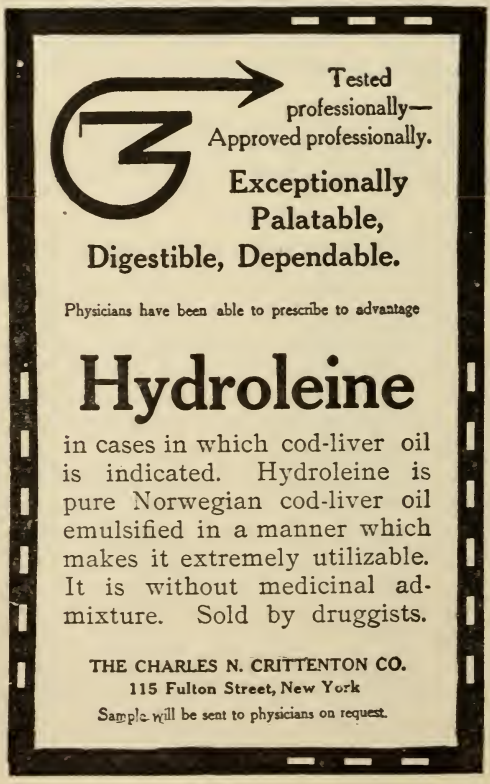
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Editorials.

"BURNING OF THE ANDERSON HOSPITAL. THE HOSPITAL NOW A NECESSITY."

The destruction of the Anderson Hospital by fire April 25th, at once enlisted the sympathy of organized medicine throughout the State. It will be remembered that this hospital was fostered and built largely by the efforts of the Anderson County Medical Society, and formally opened during the meeting of the State Association at Anderson in 1908. The profession in Anderson county has always been noted for progress, but the hospital soon became a great stimulus to professional activity, and in a short time it was necessary to nearly double the capacity of the building. We are glad to hear that the hospital will be rebuilt at once.

Looking over the records in this State for the past year, we find a surprising number of hospitals either planned or actually constructed. Not long ago only one or two cities in the State owned such institutions. Today there are dozens of them. In the great and beneficent work of organized medicine the hospital should continue to be a large factor.

There can be no more potent influence in these practical days to develop the County Medical Society than around the hospital. Such an institution arranged for research, with its laboratories, library, society rooms and more important than all these, the patients would go far towards elevating the standards of the profession everywhere, and the sick public would be much better served.

Dr. G. A. Neuffer, councilor of the third district, and now chairman of council, brought this matter very forcibly to the attention of the House of Delegates in his report April 16th, as follows:

Laurens has a city hospital and the members of the society give it their undivided support.

Greenwood also has a splendid hospital, which is being well patronized by the public, who are fast beginning to appreciate the advantage of hospital care of the sick, in medical as well as surgical cases.

I made the suggestion that there should be a well equipped hospital in every county in the State; the physicians would find the practice of medicine much more

agreeable and satisfactory, and I believe many lives would be saved, while the sick would be made more comfortable.

The Sims Monument.

At a recent meeting of the South Carolina Medical Association the question of erecting a monument to Marion Sims came up for a large share of discussion. The plan which will be clearly set before the members of the association shortly, in brief, will be the systematic collection of money, and subscriptions in every county in the State.

The Legislature gave us $5,000, and now we should earnestly devote ourselves to securing the additional $5,000 necessary.

The following extracts are from the well written article by Dr. John A. Wyeth, in the Cyclopedia of American Medical Biography, by Howard Kelley, just published, and reviewed in another part of The Journal.

Sims, James Marion (1813-1883).

James Marion Sims was on his father's side English, on his mother's of Scotch-Irish descent. His paternal grandfather, John Sims, was born December 27, 1790, and married Mahala Mackey in 1812. Of the father, his distinguished son left a record that "he was one of the best of men and best of husbands." He was sheriff of Lancaster county, South Carolina, from 1830-1834. His mother was the daughter of Lydia Mackey, wife of Charles Mackey, a revolutionary soldier. who, having been taken within the British lines, was tried by court martial and sentenced to death as a spy by Colonel Tarleton, and she successfully interceded with this British officer for the commutation of the death sentence, and ultimately obtained her husband's liberty.

Marion Sims was born in Lancaster district, South Carolina, January 25, 1813. He attended the Franklin Academy in 1825, and later was sent to the South Carolina College at Columbia, from which he graduated in December, 1832. Speaking of himself at this time he says:

"I never was remarkable for anything while I was in college, except good behavior. Nobody ever expected anything of me, and I never expected anything of myself." What a mistake of the youth concerning the man who was to achieve the greatest reputation ever accorded to an American surgeon.

On the twelfth of November, 1833, he matriculated at the Charleston Medical School, where he attended lectures for one year, and in 1834 became a student at Jefferson Medical College, Philadelphia, from which he graduated in 1835. In May of that year he settled as a practitioner in Lancaster, but after a short period of discouragement removed in the fall of 1835 to Mount Meigs, Montgomery county, Alabama, where he was soon recognized as a clever doctor. While living here he volunteered in the Seminole war, and in an expedition against the Creek Indians. Returning from this public service, and ambitious for a larger field, he established himself in Montgomery, the capital of the State, in December, 1840.

The boldness and success of his operations in general surgery soon attracted a large clientele, which encouraged him to establish a private hospital, and within a few years he startled the professional world by the announcement of the cure, by an original method, of a series of cases of vesico-vaginal fistula. Up to that time there was not an authenticated successful treatment for this important surgical lesion, and when the science of obstetrics was in its infancy, there were thousands of women who, as a result of unskilled attendance in childbirth, were left in the most deplorable and loathsome condition by injuries to the bladder; they were, in fact, among the most wretched and pitiable of human beings, and attracted the

sympathy and attention of the enterprising young surgeon. He sought out a number of these helpless women, gave them shelter and free treatment in his hospital, and after several years of patient, anxious and persistent effort, finally succeeded in curing them. In the evolution of this operation he invented the silver-wire suture and duck bill speculum, the announcement of these successful cases attracting world-wide attention, and in many quarters being received with incredulity.

In 1853 he established himself in New York city, and in February, 1855, organized the State Hospital for Women, with this becoming the founder of the great science of gynecology. From the temporary structure at 83 Madison avenue, whence after nearly a half century, it was removed to the magnificent new building at 110th street and Morningside Heights.

In 1861 Dr. Sims for the first time visited Europe, and on the eighteenth of October of that year, at the Hotel Voltaire, successfully demonstrated his operation for vesico-vaginal fistula. Among those who witnessed this operation were some of the greatest surgeons of that age, Nelaton, Velpeau, Civiale, Baron Larrey, Sir Joseph Olliffe, Huguier and others. By this and other cases, his presence in Paris created a furore in medical circles. So great was the reputation achieved that he was called to all parts of Europe, not only to operate, but in consultation, and to treat various maladies in the department of gynecology; in fact, a short time saw him enjoying a most lucrative practice among the best people in European capitals. Upon one occasion, in attendance upon an important case, he became for several weeks the guest of the Emperor Napoleon at St. Cloud.

Near the close of his long and eminent career as a practitioner and teacher of gynecology, Prof. T. Gaillard Thomas, in an address to the graduating class of the Medical department of Cornell University, delivered at Carnegie Hall, said:

"If I were called upon to name the three men who in the history of all times had done most for their fellow men, I would say George Washington, William Jenner and Marion Sims."

Immediately after his death a movement for the erection of a statue in his memory was inaugurated in Europe and in his native country, and in 1894 there was unveiled in Bryant Park, New York city, a statue in bronze, a lifelike image of the great teacher, the spontaneous gift from his brothers in the profession throughout the civilized world, and from many of the unfortunate beings his genius and skill had benefited. In brief, yet comprehensive phraseology, the inscription tells the story of his career:

J. Marion Sims, M. D., LL. D.
Born in South Carolina, 1813. Died in New York City in 1883.
Surgeon and Philanthropist.
Founder of The Woman's Hospital of the State of New York.
His Brilliant Achievements Carried the Fame of American Surgery
Throughout the Civilized World.
In Recognition of His Services in the Cause of Science and Mankind
He Received the Highest Honors in the Gift of his Countrymen
And Decorations From the Governments of France, Portugal, Spain, Belgium, and Italy.

On the reverse:

Presented
To the City of New York
by
His Professional Friends,
Loving Patients,
and
Many Admirers
Throughout the World.

Marion Sims possessed a striking personality. With all his long and bitter struggle with poverty and for professional recognition and in his early days

for health and life itself, time had dealt gently with his form and face, whereon nature had set in unmistakable lines the stamp of greatness. Although he had rounded well the years allotted by the psalmist, his step was still quick and firm, his carriage erect, dignified and graceful. The frosts of age had not tinged the rich abundance of his dark-brown hair, which fell straight back from off the massive forehead, for the ever-active brain and the deep-seated, searching eyes of brown, asked always for the light. The brows were arched and unusually heavy and prominent; the nose beautifully proportioned and of Grecian type; the mouth well shaped, lips usually compressed, which, with the prominent chin, bespoke courage and firmness of purpose. His face was oval, clean-shaven and smooth, and the usual expression was of almost womanly sweetness, yet it was quick to vary in harmony with whatever emotion was predominant. Away from excitement and in the home life, his expression and actions were almost boyish. He never seemed to have forgotten that he was once a boy, and he would throw himself into a household frolic with all the abandon of his early days. He was courageous to a degree, and, although he rarely lost control of his temper, yet he was at times imperious and aggressive. When occasion demanded he was a good fighter, and fought his enemies with right good will; but he was quick to forgive, and just before his death he said one day, "I have forgiven all who ever did me wrong, with one exception." As said of him by a gifted orator, he possessed qualities ideal in the make-up of a truly great surgeon, "the brain of an Apollo, the heart of a lion, the eye of an eagle, and the hand of a woman.

A full list of his writings may be seen at the end of "The Story of My Life," New York, 1884. They include: "On the Treatment of Vesico-Vaginal Fistula," Philadelphia, 1853; "Silver Sutures in Surgery," New York, 1858; "Clinical Notes on Uterine Surgery," New York, 1866. J. A. W.

Original Articles.

Headache.

By J. O. Sanders, M. D., Anderson, S. C., Read Before the Anderson County Medical Society, February, 1912.

Headache is the name given to attacks of diffuse pain affecting different parts of the head and not confined to the tract of a particular nerve. It usually comes on by paroxysms at various intervals, but may be continuous. Headache is the most common of nervous symptoms, and the least studied and by far the most carelessly treated. Had our forefathers in medicine studied the pathological conditions of the chest, taking as a standard the one symptom, cough, we would know just about as much about conditions and pathological changes in the chest as we now know by taking headache as a distinct disease of its own. Headache being only a symptom, we will try in a brief way to mention a few of the most important causes of headache and their significance. We have organic and functional headaches. The organic headaches are characterized first by being continuous by coexistence of sleep disturbances, nausea, vomiting and by the association of gross physical signs pointing directly to gross lesions general or focal in character.

Functional Headaches.

We have first, headaches associated with Neuroses: (a) Neurasthenia, (b) hysteria; second, headaches of diathetic, toxic and infectious origin; third, headaches of the various viscera; fourth, headaches associated with various diseases of the blood. First, headaches associated

neurasthenia; this, as a rule, is a dull, diffuse pain or ache, suggest merely a sensation of fatigue of more or less severity, is generally located in the occipital region, in the upper part of neck over the brain, or just above the eyes. Often patient feels as though a tight band was around his head. The average neurasthenic headache is brought on or much exaggerated by mental work, and is usually relieved by complete rest.

In these neurasthenic patients we make the diagnosis by the other cardinal symptoms of neurasthenia; thus we have the patient's statements as regards easy fatigue, exhaustion, associated symptoms, circulatory and sleep disturbances—treatment same as for neurasthenia.

Hysterical Headaches. This class of headache generally the patient gives a very exaggerated statement as to the amount of pain, and if asked to locate pain will generally give small localized area and state that it seems at times as though the head was being beaten with a hammer, or some exaggerated statement as to severity.

Diathetic Headaches are not infrequently complained of by patients of gouty or rheumatic diathesis; they are more frequently found in persons who have passed middle life and in whom there is a history of exposure, deprivation or of excessive eating or drinking. Uremic headaches, while diffuse, is most pronounced in the occiput extending to the neck. Dizziness is almost always present, the patient is frequently dull and apathetic, and examination of the urine leads to a correct diagnosis. Diabetic headache is rather rare.

Toxic Headaches. Among toxic headaches we should always bear in mind headaches of alcoholic origin. The headache complained of by chronic alcoholics is generally widely diffused, dull in character, and more pronounced in frontal regions, and, as a rule, are more marked in the mornings. In all obscure cases of this character not only should a history of alcohol be sought for, but also of the excessive use of tobacco, coffee, tea, etc. In all cases of headaches suspected to be of toxic origin the condition of the alimentary canal should be carefully studied, for, in my opinion, a great many cases of headache are due to constipation, intestinal fermentation and decomposition of partial or incomplete digested food, giving rise to our old friend, auto-intoxication. We have gastric headaches associated with chronic gastritis. This can readily be detected by the pain being relieved by vomiting, and also by the pain being most severe while symptoms of indigestion are in evidence.

Ovarian and uterine diseases give us some very distressing headaches; this pain is almost always located in the top of the head, and is always accompanied by symptoms of pelvic diseases. Headaches due to affections of the special senses, while I think are of very great importance, still are very much exaggerated by constant use. These headaches are most liable to be confused with those of neurasthenia, and a careful examination by a competent oculist is the best way to clear up the diagnosis. Pain referred to the brow, the temples, or malar region are not infrequently due to disease of the nasal cavity or sinuses. In that region, and, in my opinion, if we would pay more attention to the nasal cavity and sinuses, we would get some wonderful results that a pair of gold rim specatcles fail to give. In all cases of obscure pain in temples in malar region the nasal cavities and sinuses should be thoroughly explored.

Headache due to anemia is rather common, especially among young women, doing a great deal of mental work with poor hygienic surroundings, also with women overworked and burdened with too frequent pregnancies; these are among the most dangerous class of patients, for they generally get the habit of taking all

kinds of headache dopes, and finally resort to opiates, and you all know the rest. I think of all classes of headaches we should guard most closely these anemic women.

One of the most common forms of headaches is rheumatism of the muscles of the scalp and neck. This can generally be recognized by the extreme tenderness of the scalp and sometimes small nodules at the insertion of the muscles.

Syphilitic Headache. This form of headache is rather relatively rare, but when consulted by one who was previously free from severe headaches, and who without a known cause is attacked by severe localized pain here and there, on the top of the head, pain which is decidedly worse at night after excitement and rarely ceases; it is well to remember that there is a possibility of syphilis. This form of headache is extremely severe, and soon debilitates the patient and renders him incapable of exertion.

Migraine is a nervous affection, characterized by severe attacks of headache occurring at irregular intervals. The pain is usually much worse on one side of the head. The onset generally has a prodromal stage, the patient has a desire to yawn, may be dizzy or have a feeling of pressure over the brow. Some times the patient wakes in the morning feeling perfectly well, and the pain begins in temples and extends back of the ears and rapidly grows worse. Soon nausea and vomiting begins, subsequently the pain subsides and the patient goes to sleep and generally wakes free from pain, and the attack is over.

There are a number of other causes of headaches, such as brain tumors, pachymeningitis, periosititis and many other organic diseases, which time forbids us mentioning here. A few words in regards to the general treatment. First try and find the cause of the headache. In the neurasthenic and hysterical type treat the disease and let the symptoms alone.

In this paper it is my intention to merely suggest some of the most common causes of headache, and stimulate a desire on our part to try and make a more thorough examination of our poor unfortunate headache patients. How many of us, if a patient comes to us complaining of a chronic cough, would prescribe for him without at least a pretense at an examination of the throat and chest, and yet these unfortunate headache patients come with the same old story of headache, which means about the same, and we, without much hesitancy, prescribe the same old dope that the "quacks" and druggist hand out over the counter. We sometimes wonder why these patients go to the druggist and get their remedies and fail to consult us, but if we will ponder a few moments the reason is simple.

Toxic headaches are almost always relieved by a thorough saline purge and close attention to the diet and digestive apparatus. Ovarian and uterine headaches, no treatment of the head does any good; remove the cause and the symptoms disappear.

Syphilitic Headache—Specific treatment, and if the pains are too severe, morphine is the only relief.

Anemic Headache—It is the one form that most can be done by treatment; rest, fresh air, forced feeding and give iron and arsenic.

Migranic—In these cases if the patient has the prodromal stages they can sometimes abort the attack by taking some light nourishment, stay in bed. Give large doses of chloral, bromides and caffeine and get to sleep if possible.

Experience has made us acquainted with a number of remedies and processes which may afford relief. The development of a diagnosis indicates the points where our aid may be offered. We know this much of headaches, that each individual case should interest the physician, and we know so little of its theory that

now, when positive laws are everywhere determined, the questions which have arisen should form a new stimulus to scientific endeavor.

Anoci-Association—A New Principle in Operative Surgery.

By G. W. Crile, M. D., Surgeon to Lakeside Hospital, Cleveland, Ohio, Address Delivered Before the South Carolina Medical Association, Columbia, S. C., April 17, 1912.

My first duty is to thank you for the honor you have conferred on me by your invitation to address you on this occasion.

I have chosen for my subject the consideration of methods for further reducing the risks of surgical operations. The technique of operations on the pelvic organs, the appendix, the intestines, gall-bladder, stomach, breast, neck and extremities is at present standardized and there are hosts of men in every part of the world who are daily performing technically perfect operations. What is needed is some further control of the vital processes of the body, so that the results of the technique as now practical will be improved both as to the risk to life and post operation impairment.

I will now present the data upon which such a principle is based.

Man is primarily a motor, being constructed by the process of adaptation to environment in the struggle for existence. There are two principal parts of this motor mechanism: 1st. The part which perceives his relations to the material world (environment) — the principal mechanisms are those which perceive changes in the waves of light and the waves of air, the clinical qualities, and various grades of physical contact. The adequate stimulation of these mechanisms produce seeing, hearing, taste, smell, touch, pain and tickle sensations. It is through associative memory that this type or that type of response of the individual as a whole is made. A given stimulus which causes an association, may benefit the individual (bene association), or it may harm the individual (noci-association). Now, a surgical operation performed upon a patient whose receptor mechanisms are not suspended by anesthetics or narcotics, causes an adequate stimulus of one or more of the receptors, hence causes a stimulation of the motor mechanism as a whole; that is, of the individual as a whole. If the activity of the various receptor mechanisms is suspended, then the operation may be performed without stimulating the motor mechanism at all; that is to say, there will be no noci-association. That state of the patient can be described only by coining a new word, namely, *a noci-association.*

Since this is a new theme and a new principle, a statement of the principal evidence on which it rests will be made.

When a barefoot boy steps on a sharp stone there is an immediate discharge of nervous energy in his effort to escape from the wounding stone. This is not a voluntary act. It is not due to his own personal experience (namely, his ontogeny), but is due to the experience of his progenetors during the vast periods of time required for the evolution of the species to which he belongs, *i. e.,* his phylogeny. The wounding stone made an impression upon the nerve receptors in the foot similar to the innumerable injuries, which gave origin to this nerve mechanism itself during the boy's vast phylogenetic or ancestral experience. The stone supplied the phylogenetic association, and the appropriate discharge of nervous energy automatically follows. If the sole of the foot is repeatedly bruised or crushed by the stone, shock may be produced. If the stone be only lightly applied then there is also a discharge of nervous energy from the sensation of tickling. The body has had implanted within it in a similar manner

other mechanism of ancestral or phylogenetic origin whose purpose is the discharge of nervous energy for the good of the individual.

The word anesthesia, *meaning without feeling,* describes accurately the effect of ether, an anesthetic dosage. Although no pain is felt in operations under inhalation anethesia, the *nerve impulse set up* by a surgical operation still reach the brain. We know that not every portion of the brain is fully anesthetized, since surgical anesthesia does not kill. The question then is, what effect has trauma under surgical anesthesia upon the part of the brain *that* remains awake? If, in surgical anesthesia, the traumatic impulses cause an excitation of those wide-awake cells, are the remainder of the cells of the brain, despite anesthesia, influenced in any way? If influenced, they are prevented by the anesthesia from expressing the same in conscious preception or in muscular action. Whether the *anesthetized* cells are influenced or not must be determined by noting the physiologic function after anesthesia has worn off, and in animals by an examination of the brain cells as well. It has long been known that the vasco-motor, the cardiac and the respiratory centers discharge energy in response to traumatic stimili applied to various sensitive regions of the body during surgical anesthesia. If the trauma is sufficient, exhaustion of the entire brain is observed after the effect of the anesthetic is worn off; that is to say, despite the complete paralysis of voluntary motion and the loss of consciousness due to ether, the traumatic impulses that are known to reach the *awake* centers in the medulla, also reach and influence every other part of the brain. As to whether or not the consequent functional depression and the more phylogic alterations seen in the brain cells may be due to the low blood pressure, which follows excessive trauma, is answered by the following experiments, viz., the circulation of animals was first rendered static by over transfusion, and was controlled by a continuous blood pressure record on a drum, the factor of anemia was wholly excluded during the application of the trauma, and during the removal of a specimen of brain tissue for hystologic study. In every such instance morphologic changes in the cells of all parts of the brain were found, but it required more trauma to produce equal morphologic changes in animals protected against low blood pressure than in animals whose blood pressure gradually declines in the course of the experiment.

In the cortex and in the cerebellum, the changes in the brain cells were in every instance more marked than in the medulla. There is also strong *negative* evidence that traumatic impulses are not excluded by ether anesthesia from the part of the brain that is apparently asleep. This evidence is as follows: If the factor of fear be excluded, and if in addition the traumatic impulses are prevented from reaching the brain by cocaine blocking, then, despite the intensity or the duration of the trauma within the zone so blocked, there follows no exhaustion after the effect of the anesthetic disappears, and no morphologic changes are noted in the brain cells. A still further negative evidence that inhalation anesthesia offers little or no protection to the brain cells from trauma, is derived from the following experiment: A dog whose spinal cord has been divided at the level of the first dorsal segment, and then kept in good condition for two months, showed a recovery of the spinal reflexes, such as the scratch reflect, etc. This animal is known as a "spinal" dog. Now, in this animal the abdomen and hind extremities have no direct nerve connection with the brain. In such a dog a continuous severe trauma of the abdominal viscera and of the hind extremities lasting four hours caused not the slightest change in either the circulation or respiration, and no

microscopical alteration of the brain cells. Judging from a large number of experiments on *normal* dogs under ether such an amount of trauma would have caused not only a complete physiologic exhaustion of the brain, but also morphologic alterations of all of the brain cells and physical destruction of many. We must, therefore, conclude that although ether anesthesia produces unconsciousness it *apparently protects none of the brain cells* against exhaustion from the trauma of surgical operations; ether is, so to speak, but a veneer. Under nitrous oxide anesthesia there is approximately only one-fourth the exhaustion of equal trauma as under ether; either nitrous oxide protects or ether predisposes to exhaustion under trauma. With this as a point of departure we will inquire into the cause of this exhaustion of the brain cells.

On the cause of the exhaustion of the brain cells from trauma *of various parts of the body under inhalation anesthesia.*

Numerous experiments on animals upon the effect of ether anesthesia *per se, i. e.,* ether anesthesia without trauma, showed that all those certain changes were seen there was neither characteristic physiologic exhaustion after the anesthesia had worn off nor were there seen the characteristic changes in the brain cells. Turning to trauma, in a study in the behavior of individuals as a whole under deep and under light anesthesia, we at once found the cue to the discharge of energy, the consequent physologic exhaustion and the morphologic changes in the brain cells.

If, in the course of abdominal operations, rough manipulation of the perietal peritoneum is made, there is frequently observed a marked increase in the respiratory rate, and an increase in the expiratory forces, even to the extent of an audible expiratory groan. Under light ether anesthesia severe manipulation of the peritoneum often causes such vigorous contractions of the abdominal muscles, that the operator is greatly hindered in his work.

Among the unconscious responses to trauma under ether anesthesia, are purposeless moving, withdrawing of the injured part, and if the anesthesia is sufficiently light and the trauma sufficiently strong, there may be an effort directed toward escape from the injury. In injury under ether anesthesia every grade of response may be seen, from the slightest change in the respiration or in the blood pressure to a vigorous defensive struggle. As to the purpose of these subconscious movements in response to injury there can be no doubt, *they are efforts at escape from the injury.*

Can anyone picture the actual result of a formidable abdominal operation extending over a period of half an hour or more in an unanesthetized human patient if extensive adhesions are broken up, or if a large tumor is disloged from its bed? In such a case, would not the nervous system discharge its energy to the utmost in efforts to escape from the injury, and would the patient not suffer complete exhaustion? If the traumata, under inhalation anesthesis, be sufficiently strong and repeated in sufficient numbers, the brain cells will finally be deprived of their dischargable nervous energy and become exhausted just as exhaustion follows a strenuous and too prolonged muscular exertion; for example, such as is seen in endurance tests. Whether the nerve energy of the brain is discharged by injury under anesthesia, or whether by ordinary muscular exertion, identical morphologic changes are seen in the nerve cells. In shock from injury, in exhaustion from overwork (Hodge & Dolley), and in exhaustion from pure fear, the general functional weakness is similar—in each a certain length of time is required to effect recovery, and in each there are morphologic changes in the brain cells. It is quite clear that in each of these cases the altered function and

form of the brain cells are due to an *excessive discharge of nervous energy*. This brings us to the next question, viz., what determines the discharge of energy from trauma with or without inhalation anesthesia?

The Distribution of the Emotions in Nature.

We will first consider *fear*. I believe that it can be shown that the emotion of fear can be elicited only in animals that utilize a motor mechanism in defense against danger or escape from it. The defense of the skunk is a diabolic odor, which repels its gross enemies. The skunk has no adequate equipment for defense or escape by muscular exertion. The skunk has little or no fear. Certain species of snakes are protected by venom. They possess no other adequate means of defense or escape. They show little or no fear. Other animals, because of their prowess, have but few fears. The lion, the grizzly bear and the elephant are examples. Animals having armored protection, as the turtle, have little fear. It is obvious that fear is not universal. Apparently the emotion of fear is felt only in those animals whose self-preservation is dependent upon an *uncertain* adequacy of their powers of muscular exertion either in defense or in flight.

What are the principal phenomena of fear? They are palpitation of the heart, acceleration of the rate and alteration of the rhythm of the respiration, cold sweat, rise in body temperature, tremor, pallor, erection of the hair, suspension of the principal functions of digestion, muscular relaxation, fixation of the muscles of the eyes, dilation of the pupil. The function of the brain is wholly suspended, except that which relates to the self-protective response to the object feared. Neither the brain nor any other organ of the body can respond to any other lesser stimulus during the dominance of fear.

From the foregoing it would appear that under the influence of fear, most, perhaps all of the organs of the body, are divided sharply into two classes: first, those that are *stimulated,* and, second, those that are *inhibited*. Those that are stimulated are the entire muscular system, vasco-motor and loco-motor systems, the senses of perception, the respiration, the mechanism for erecting the hair, the sweat glands, the thyroid gland, the adrenal gland (Cannon), and the special senses. On the other hand, the digestive and the procreative functions are inhibited. What is the significance of this grouping? So far as we know the organs stimulated include those, and only those, that increase the efficiency of the animal for fight or for flight. It is through skeletal muscles that the physical attack or escape is affected—these muscles alone energize the claws, the teeth, the hoofs and the means for flight. The increased action of the heart and the adrenalin stimulation of the blood vessels greatly increases the efficiency of the circulation; a much-needed increased efficiency to force the blood into actively contracting muscles; the increased action of the thyroid gland augments metabolic activity; there is evidence that glycogen is actively called out, it being the most immediately available substance for the production of energy; the increased activity of the respiration is needed to supply the greater requirements of oxygen and the elimination of the increased amount of waste products; the dilation of the nostrils affords a freer intake of air; the increased activity of the sweat glands is needed to regulate the rising temperature of the body due to the increased metabolism. The activity of the organs of perception—sight, hearing, smell, are heightened so that the nature and the source of the danger may, with the greatest certainty and accuracy, be appreciated. It could not be a mere coincidence that the organs and the tissues that are stimu-

lated in the emotion of fear are precisely those that are actually utilized in the perception of danger, and in a physical struggle for self-preservation which might follow. Among the organs inhibited are those that have mainly to do with digestion and procreation. Why are these functions inhibited? If an animal could dispense with his bulky digestive organs, whose functions are suspended by fear, if he could, so to speak, clear his decks for battle, it would be advantageous. Although the marvelous versatility of nature selection apparently could devise no means of affording this advantage, it turned off the nervous current to these organs and saved the vital force those *noncombatants* ordinarily consume in the performance of their functions. Whatever the origin of fear may be, its phenomena are apparently due to a *stimulation of all* the organs and tissues that add to the efficiency of a physical struggle for self-preservation through the motor mechanism, and *inhibition* of the function of the organs that do not participate—the noncombatants, so to speak. Fear arose from injury, and is one of the oldest and surely the strongest emotion. By the slow process of empyricism nature evolved the wonderful defensive mechanism of many animals and of men. Now, the stimulation of this mechanism leading to a physical struggle is action; and the stimulation of this mechanism without action is emotion.

We may say that fear is a *phylogenetic fight or flight;* we fear not in our hearts alone, not in our brains alone, not in our viscera alone; fear influences every organ and tissue—each organ and tissue is stimulated or inhibited according to its use or hindrance in the physical struggle for existence. In thus playing all or most of the nerve force on the nerve muscular mechanism for defense alone, a greater physical power is developed. Hence, it is that animals under the stimulus of fear are able to perform preternatural feats of strength. Then, too, for the same reason the exhaustion following fear will be greater, because the powerful stimulus of fear drains the cup of nervous energy, though no visible action may result. An animal under the stimulus of fear may be likened to an automobile with the clutch thrown out, but whose engine is racing at top speed. The gasoline is being used up, the machinery is being worn out, but the machine as a whole does not move, though the power of its engine may cause it to tremble.

Applying this conception to human beings of today, certain mysterious phenomena are at once cleared up. It must be borne in mind that man has not been presented with any new organs to meet the requirements of his present state of civilization—indeed, not only does he possess the same type of organs as his savage fellows, but also the same type of organs possessed by even the lower animals. In fact, the present status of civilization of man is now operated with the primary equipment of brutish organs. Contrasted with the entire duration of organic evolution, man has come down from his arboreal abode and resumed his new role of increased domination over the physical world but a moment ago. And now, though sitting at his desk in command of a complicated machinery of civilization, when he fears a business catastrophe, it is, in the terms of his ancestral physical battle, in the struggle for existence. He cannot fear intellectually, he cannot fear dispassionately, he fears with all of his organs and the same organs are stimulated, and the same organs are inhibited as if, instead of its being a battle of credits, or position or of honor, it were a physical battle with teeth and claws. Whether the cause of acute fear is nomral, financial, social or stage fright, or purely physical, precisely the same phenomena are seen. The phenomena are those of physical exertion in self-defense or escape. There is not one group of

phenomena for the acute fear of the president of a bank in a financial crash; another for the trusted official who suddenly and unexpectedly faces the naked probability of the penitentiary or of a patient who unexpectedly finds he has a cancer, or of the hunter with an empty magazine and the grizzly still charging. Nature has but one means of response, and that means was acquired through vast periods of evolution, during which our progenitors struggled with bare hands and naked bodies against wild beasts, and now whatever the cause of fear the phenomena are always the same—always physical.

From the foregoing and from other considerations in biology, in physiology, and the clinic, we are forced to conclude that man is, as Sherrington has well said, "a motor being." The mechanism that may be excited and which may become exhausted, and later deranged, in the course of a surgical operation, is the motor mechanism. The particular part of the motor mechanism that is subject to exhaustion is the brain cell. An adequate stimulus of any receptor, whether of special senses or the pain, impinges upon the brain cell and modifies it. Each time this occurs the brain cell responds by giving up a certain amount of its energy; that is to say, the sight of the operating room, the spoken word implying danger, the taking of the anesthetic and the instrumental injury of tissue in the course of operation, and the pull of the stitches after the operation, all are capable of stimulating the brain cells, and thereby causing them to use up their energy-giving substance. Excluding infection and hemorrhage, one could conceive of no influence whatsoever aside from the factors mentioned that plays any part in the production of surgical shock, post operative pain and later neurasthenia. Let us now picture the contact of a patient with his surgeon from the time of consultation until the patient is finally discharged. This contact may be divided into the following principle parts:

The first consultation, the period at the hospital up to the beginning of anesthesia, the anesthesia, the operation itself and the convalescence. At any one of these points of contacts the patient may receive injury in consequent impairment to the brain cells. The want of tact in stating a diagnosis and recommending an operation may cause a very material mental shock; the lack of consideration of the patient after he enters the hospital up to the time that the anesthesia is begun may fill the patient with fear, hence injury to the brain cells; the kind of anesthesia and its methods of administration may cause great excitement, hence further damage to the brain cells; every contact during the operation initiates impulses which reach the brain cells and further impairs them; and finally, inconsiderate nursing, rough dressings, and tactless contacts in the hospital during convalescence may add to the sum total of injury. The critical question now arises, and it is this: What can be done to minimize or fully abolish these several factors? First, it is only by experience and a sympathetic understanding of the sensibilities of patients that enables any surgeon at the time of diagnosis and recommendation of operation, to reduce to a minimum the first contact. The preoperative stay in the hospital can be made least harmful by the highest degree of efficiency on the part of the nursing and resident staff of the hospital, and by considerate attention to the details on the part of the operating surgeon, together with the administration of a small dose of morphia and acopalomine an hour and a half or two hours before the operation. As to the anesthetic, there are three factors; the first is, entire quiet and avoidance of everything suggesting the operation until the patient is unconscious; the second is, the use of the pleasant nitrous oxide anes-

thesia, instead of the repulsive ether, and thirdly, the administration of the anesthesia by a trained anesthetist, preferably a woman. The post operative backache is wholly prevented by a warm water bed on the operating table, and propping a patient up underneath after operation.

If the patient has received no damaging brain stimuli up to the point of the completion of anesthesia, the next question is: How can the damaging stimuli incident to the operation itself be prevented or minimized? It may be done by the use of novocaine infiltration throughout the entire field of operation as completely as if general anesthetic was given. Under these circumstances the brain remains in a completely negative state during the entire operation, and no damage has been done to the brain cells; hence, no surgical shock up to this point has been given.

The next point arises is: How can we prevent the severe after pains so characteristic following abdominal operation —the so-called gas pains associated with distention, and rigidity of the abdomen? First, let us consider the cause of these post-operative phenomena.

On the Cause and the Prevention of Post-Operative Gas Pains.

The phase, post-operative gas pains, is intended to include a definite group of phenomena following operations, which involve the peritoneum. These phenomena are painful rumbling of gas in the intestines, with inability to pass flatus, associated with distention, and some rigidity. The gas tends rather to come up into the stomach and may be reductated. The patient, especially if a physician, is frequently under the impression that there is obstruction, either mechanical or paralytic. There is anorexis, sometimes nausea or vomiting, and to a certain degree there is anxious facies. The abdominal pain and distention is in some cases distressing, and is a strong rival of ether anesthesia as the most unpleasant memory of a major operation. So far as I am aware, there has yet been discovered no means of preventing it.

It is overcome measurably by enemata, and as soon as there is a free movement it disappears. The suffering is mitigated by hot packs and opiates.

This annoying, baffling phenoment is associated only with operations that involve the peritoneum; but not every operation that involves the peritoneum is followed by it. Incision and simple drainage of local abscesses, incision without suturing the peritoneum, especially immune are incisions into the peritoneum in vaginal punctures.

These, roughly speaking, are the types of operation that cause little or no gas pains. On the other hand, the more nearly normal the peritoneum and the more healthy the individual, the more marked is the gas pain. They follow most heriotomies, appendectomes, gastric, gall-bladder, pelvic, and many renal operations; very marked gas pains follow the cases in which a rough and persistent exploration is made.

On reflecting upon the origin and the nature of this interesting phenomenon, it occurred to me to seek its origin in a general biologic law of adaptation, viz.: That when the abdomen is penetrated, the phylegenetic association awakens the adaptive inhibition of the intestine, so as to place the animal in the best state to overcome two types of dangers following perforations. These are escape of intestinal contents, and spread of infection. Loss of appetite and muscular rigidity, and even vomiting, are also protective measures. Surgical procedures could have played no role in natural selection, and evolution does not recognize surgical operations. The one and only response that be made is a purely biologic one.

Now, my hypothesis of adaptive phenomena can be easily put to a direct test,

as follows: The patient is anesthetized as usual, but the entire line of incision is carefully blocked with novocaine, including the peritoneum. If then, at the end of the internal operation and before the peritoneum is closed, there is applied around the entire line of stitches a complete block that will last a number of days, such as quinine and urea hydrochlorate, and if in stitching the peritoneum every stitch is placed within this blocked zone, then the afferent impulses caused by stitch irritation are blocked, and hence cannot excite this protective mechanism of intestinal inhibition. On trial of this method, it was found that such blocking does prevent post-operative gas pains in all sorts of abdominal operations. The hypothesis is a part of the general principle of adaptation.

A patient managed in this manner will have had excluded the various harmful influences or associations, which can be best designated by the word "Anoci-Association;" that is, nocuous or harmful association. All the various factors which may injure the brain cells are noci-associations. If, then, we so conduct the patients from beginning to end through his surgical contact that *noci-associations* are excluded this state is best described by the new word "Anoci-Association."

The principle here enunciated has been tested in a series of over 3,000 operations by myself. This includes surgical risks of every description, both private and ward patients in the Lakeside Hospital. The mortality rate which includes death from any cause in the hospital is 2.1 per cent.

In the last 1,000 the rate has fallen to 1.8 per cent.

But the most striking result is the almost incredible state of preservation of the patient's nervous equilibrium and the great diminution of post-operative discomfort.

These is no post-operative nausea or vomiting, except that due to the disease or the mechanics of the operation; no backaches; little or no gas pain or distension; the pulse rate is never increased during the operation, not even in severe cases of Graves' Disease, and excepting in Graves' Disease, the pulse rate after the operation rarely shows a post-operative rise. Wound pains are minimized by preventing the irritation of the dressings by using a sterilized wire screen as a protection over it; the use of the stomach tube is almost unknown; the recovery room is no longer required, the patient going back immediately to the bed he came from, the work of the nurse is greatly minimized, and above all, more than 90 per cent. of patients thus operated have no unpleasant recollection of the day of their operation.

Summarizing, we may say that many diseases act upon the brain cells injuriously. Fear and trauma act in a similar manner. Thus may the margin of safety in a surgical case be reduced. The conservation of this margin of safety is our problem. If fear be excluded, and if the nerve paths between the field of operation and the brain be blocked with local anesthesia, there will be no discharge of energy due to the operation; hence, there can be no shock, no exhaustion. Under these conditions of operation the nervous system is protected against noci-association, whether by noci-perceptors or by an adequate stimulation of noci-ceptors. The state of the patient, in whom all noci-associations are excluded, can be described only by coining a new word. That word is "Anoci-Association." This new principle robs surgery of much of its harshness, and diminishes its dangers.

Department of Public Health

The act of the last Legislature, given below, is of so much importance to the profession and the public that we wish to call special attention to it. The State

Board of Health wishes to safeguard the health of the people to the remotest rural districts, and this can only be done effectively when the profession and the people understand its resources and powers. It will be worth the time for every doctor and every citizen to carefully go over the act, and, after the rules shall have been promulgated by the Executive Committee, to utilize the privileges thus offered.

AN ACT

To Authorize the Executive Committee of the State Board of Health to Adopt, Promulgate and Enforce Rules and Regulations for the Betterment and Protection of the Public Health of the State of South Carolina.

Section 1. *Be it enacted* by the General Assembly of the State of South Carolina, That the Executive Committee of the State Board of Health shall have the power to make, adopt, promulgate and enforce reasonable rules and regulations, from time to time, requiring and providing for the thorough sanitation and disinfection of all passenger cars, sleeping cars, steamboats, and other vehicles of transportation in this State, and also of all convict camps, penitentiaries, jails, hotels, schools and other places used by or open to the public; to provide for the care, segregation and isolation of persons having, or suspected of having, any communicable, contagious or infectious disease; to regulate the method of disposition of garbage or sewage, and any like refuse matter in or near any incorporated town, city or unincorporated town or village of the State; to provide for the thorough investigation and study of the causes of all diseases, epidemics, and otherwise, in this State, and the means for the prevention of contagious disease, and the publication and distribution of such information as may contribute to the preservation of the public health and the prevention of disease; to make separate orders and rules to meet any emergency not provided for by general rules and regulations, for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious and infectious diseases, and other dangers to the public life and health: *Provided, however,* That nothing herein contained shall be construed as in anywise limiting any duty, power or powers now possessed by, or heretofore granted to, the said State Board of Health or its Executive Committee by the statutes of this State, or as affecting, modifying or repealing any rule or regulation heretofore adopted by said board.

Sec. 2. That any person who shall, after notice, violate, disobey, refuse, omit or neglect to comply with any rule of said Executive Committee of the State Board of Health, made by it in pursuance of this act, shall be guilty of a misdemeanor, and, upon conviction thereof, shall be fined not exceeding the sum of one hundred dollars, or imprisoned for thirty days: *Provided,* This section shall not apply to any person until the rules of the State Board of Health are promulgated.

Society Reports.

Charleston County.

The South Carolina Medical Society (Charleston county) held a regular meeting April 1, 1912. Dr. A. E. Baker read a paper on "The Value of the Differential Blood Count in Surgery." He showed where it assisted in making the diagnosis, and how essential it was at times.

Dr. C. M. Rees thought that one or two counts meant little. The count must be made frequently, and even then is only of approximate assistance. To him blood counts have been somewhat disappointing.

Dr. C. W. Kollock reported a recent case of cerebral abscess, which was diag-

nosed by means of the X-ray and blood counts.

Dr. Cornell spoke of the value of the differential blood count aside from surgery when often it gave a valuable clue as eosinophilia. He found the total white count seldom necessary, but the differential most important.

Dr. Robert Wilson stressed the necessity of obtaining signs and symptoms, which are more important that the blood count. But in some cases the examination of the blood will just give enough evidence upon which to make the diagnosis.

Under Medical News, Dr. C. M. Rees stated that a tumor which he had recently removed from the abdominal wall, and which had arisen apparently from the petritoneum had been examined and found to be a leiomyoma undergoing colloid degeneration.

Dr. A. E. Baker reported having operated on a married woman, aged 28, having the diagnosis of appendicitis, because of the symptoms and misleading history. Upon opening the abdomen it was found to contain fresh blood. Secondary hemorrhage of ectopic gestation was then occurring.

Dr. Rutledge spoke of the irregular menstrual history during ectopic gestation, and then reported the case of normal pregnancy he had recently seen in which the woman menstruated during the whole pregnancy.

Dr. Kollock reported having seen a post-pharyngeal abscess in which case there was strangely no pain or tenderness. Upon incision there was a copious discharge of pus.

Dr. Robert Wilson stated that he had recently seen a case of typhoid fever in which there was a profuse scarlatiniform eruption on the legs and abdomen.

The Society then adjourned.

On April 15, 1912, the South Carolina Medical Society (Charleston county) held its mid-monthly meeting. Dr. E. F. Sparkman read a paper on "The Prophylaxis of Infectious Diseases and Their Periods of Quarantine." He urged better health ordinances and the co-operation of the physicians with the department of health.

Dr. J. F. Townsend discussed the paper.

Dr. A. J. Buist spoke of the apparent transmission of certain diseases by bedding and other articles. He approved of the placarding of houses containing a patient with whooping cough.

Dr. C. W. Kollock also spoke in favor of this, and urged more prompt reports to health department.

Dr. Rhame cited several instances in which contagious diseases were not placarded.

Dr. Burn questioned any definite period of contagion for scarlet fever, as months elapse before a second case occurs in the same house. Also houses or rooms are quarantined and disinfected, and still cases recur there.

Dr. Sparkman then replied. He stated that measles is a reportable disease, but is never reported. Most contagious cases are released too soon. Frequently disinfection is valueless, because articles are removed from room before this is carried out.

Dr. Kollock presented a case on which he had done Killian's operation some months ago. The scar was hardly noticeable until sought for. He also showed several radiograms of the sinuses before and after the operation.

Dr. G. F. Wilson reported a case which he had been treating, in which there was a tachycardia, enlarged thyroid and a little exopthalmos. In addition there were tubercle bacilli in the sputum, and some lung involvement. A few days ago the woman died from pulmonary tuberculosis, and a few minutes after death both eyeballs "popped out of their sockets." The muscles, optic nerve and capsule were completely torn loose, and one eye

was on the pillow and the other eye was still held by tissue, but was out of the socket. This happened 15-20 minutes after death. The balls had collapsed and the vitreous escaped. Dr. F. Wilson asked for some explanation. Dr. Kollock and others suggested several possibilities, but no theory seemed entirely satisfactory.

There being no further business, the Society adjourned.

R. M. Pollitzer,
Corresponding Secretary.

Minutes of the Fourth Annual Meeting South Carolina Society of Medical Secretaries.

Columbia, S. C., April 16, 1912,
Dining Room at Colonia Hotel.

The South Carolina Society of Medical Secretaries met at breakfast. The chairman, Dr. C. C. Gambrell, being absent, Dr. Burdell was made temporary chairman. The minutes of the last meeting were read and approved. There being some inconsistency in the Constitution and By-Laws, it was moved and carried that the chairman make the necessary changes. Dr. G. A. Neuffer being called on for some remarks relative to the work and importance of the Society, urged the necessity of having a full attendance at these meetings each year, so that the secretaries might together work out the many problems which confront them. Dr. Hines stated that the change in the association rules, which will permit the State Secretary to collect dues from members of county societies where the county secretary had failed to do so, on account of incomplete organization, and the combining of the offices of secretary-treasurer and editor are expected to aid materially in the work of the State Association, and will greatly facilitate matters for State and county secretaries. Dr. Hines also thinks that the councilors should visit the societies in their districts more freely than they have been doing in the past, even if they are not specially invited. The names Drs. G. A. Neuffer and J. G. Edwards, were added to the membership roll. The following officers were elected for the ensuing year:

Chairman, Dr. J. W. Burdell, Kershaw; vice chairman, W. A. Carrigan, Society Hill; secretary-treasurer, L. Rosa H. Gantt, Spartanburg.

The chairman appointed as executive committee, Dr. E. W. Carpenter, Greenville; Dr. J. G. Edwards, Edgefield, and Dr. Sophia Brunson, St. Matthews.

There being no further business before the Society it adjourned to meet again on the third Wednesday in April, 1913.

L. Rosa H. Gantt,
Secretary.

Spartanburg County Medical Society.

The Spartanburg County Medical Society held its April meeting on the 26th instant, neither of the essayists were present, so no papers were read, but a very general discussion of typhoid fever was entered into. After Dr. Norman had reported a case of five weeks' duration, in which all of his efforts had failed to reduce the temperature, Dr. Williams reported an obstetrical case of unusual presentation, both hand and feet presenting.

Dr. Baxter Haynes, who has recently moved from Cliffside, N. C., to Spartanburg, was elected a member of the Society.

On account of the crowded conditions of our hotels with guests for the music festival, it was impossible to have the usual dinner after the meeting.

Program for May 31, 1912:

"The Relation of Wholesome Food to Good Health, the Proper Food for School Children," L. J. Blake, M. D.; discussion, A. R. Fike, M. D., and J. H. Allen, M. D. "The Anatomy and Physiology

of the Spinal Cord," W. G. Sexton, M. D.; discussion, J. H. Hunter, M. D., and W. B. Lancaster, M. D.

L. Rosa H. Gantt,
Secretary.

Williamsburg.

The regular monthly meeting of the Williamsburg County Medical Society was held Wednesday, April the 24th, instead of the 17th, which was the date of the State meeting.

Present were: Drs. W. L. Wallace, W. G. Gamble, D. C. Scott, C. D. Jacobs, E. T. Kelley, W. V. Brockington, and J. C. Beckman.

Dr. Woods, of Florence, was to address the meeting, but was unable to be present. He will address the May meeting.

Dr. E. T. Kelley, having returned from New York, where he had been attending post-graduate clinics, was requested to speak at the May meeting.

There were no nominations nor elections.

Contagious diseases reported—measles, whooping cough and typhoid fever.

There being no further business, adjournment was in order.

J. C. Beckman, Sec.-Treas.

Current Medical Literature.

The Conservation of Hearing.

In the March 15, 1912, number of the *Journal of the Indiana State Medical Association* Dr. John F. Barnhill makes a plea for more careful examination of children by the general practitioner, with reference to the ear. He says too many doctors advise that the children will "out grow" many of the defects of the auditory apparatus, and that such is not the case. Barnhill urges that in the efforts for conservation along so many lines today that the function of hearing be not overlooked. He further says:

"Viewing the chief causes of aural disease as due to an obstructed and diseased environment, the problem of conservation of hearing becomes much simplified. It is not at all unlike the problem of securing better general health by improvement of environments in which the individual or community lives. Public health has been vastly improved by ventilating dark places and eradicating general foci of infection. The hearing of the oncoming generation may be vastly conserved by providing for free ventilation of the tympanic spaces of every child's ears, and by breaking up and thoroughly eradicating the foci of infection that find so convenient breeding place in diseased states of the nose, nasopharynx and pharynx of the child; more simply stated, in the complete removal of all hypertrophies and new growths. This cleanup of the foul places that so often exist in the throats of children cannot be postponed indefinitely if conservation of hearing is sought. Ideal conservation would demand such a cleanup early, before the hearing is noticeably affected, because the chances of improvement decrease in the ratio of time elapsed since the oncoming of the aural affection. In view of what may be accomplished by early attention to the upper air tract of the child it seems eminently worth while to bestow attention on the defects of this region at a time when the efforts are undoubtedly worth while. By so doing future deafness would be in great measure prevented."

The Treatment of Tuberculosis in New York City.

In the *New York Medical Journal* for May 4, 1912, Dr. Nathan N. Stark says:

"The Tuberculosis Camp of the New York Throat, Nose and Lung Hospital comes as near to being the ideal method

of treating tuberculosis in our city as any method or system devised by any institution up to the present time. No patient is admitted to the camp unless he has a fit case, by that meaning a patient who shows physical changes in the lungs or throat, but never to an advanced degree. Our patients are all tuberculosis, and our institution is not a preventorium. The patients we admit would probably not gain admission to any sanatorium, because of the degree of infection. You must know that a large percentage of the patients admitted to the large out-of-town sanatoria do not show changes in the lungs. We do not admit patients whose prognoses are bad, nor do we admit a patient whose symptoms are such that he will be a nuisance and a disturbance to other inmates. In no case will we keep a patient who annoys the camp at night by excessive coughing, for we believe that our patients must sleep well at night to get well.

Our patients are kept in the open air twenty-four hours a day, no matter what the weather. The day camp is provided with a shed, so that in case of rain or snow, there is no reason for coming indoors. The night camp consists of one large ward or room, twenty by fifty feet, and twenty feet in height, open on three sides, and provided with shutters which can be set at any angle to avoid storm and wind. The ceiling is almost entirely open and provided with devices to protect against the elements. Those windows are never closed, so that the temperature of the ward is almost the same as that of the outside air. We give plenty of bed clothing and clothes, so that there is never any complaint of the cold. I have yet to see the patient who has not slept better his first night in the camp than for many previous nights. Our patients are instructed how properly to take care of themselves, and how to protect others from infection. The staff quickly learns of any infringement of the sanitary rules, for the patients will not tolerate any one who does not live up to the laws of cleanliness. The patients take a cold shower bath on arising. The bathroom is warm and adjoins the dressing and locker rooms; it is steam heated and most comfortable. Here the patients undress and quickly run to the ward to bed.

To build up our patients, to increase their weight and strength, we have depended entirely upon giving the right kind of food and plenty of it. We have at no time used medical means, by that meaning that we never allow the patients to take preparations of fat or oil during their stay in the camp. The medical men connected with the camp are all particularly interested in diet, and have made the food question a point of study. We believe that open air life, plenty of rest with mental diversion, and the right kind of food in sufficient quantity, will arrest and cure tuberculosis, not only in the mountains, but also in New York city."

Hot Springs, Ark.

The following excerpt from the *Journal of the Arkansas Medical Society,* April, 1912, may help to clear up some doubtful points in the minds of those who have no personal opportunity to investigate the subject:

"According to story, tradition and song, the Arkansas Hot Springs have been noted and famous for centuries. That the first American, the Red Men, knew of and were liberal patrons of this now world-celebrated resort there can be but little doubt. It is a tradition here that these Hot Springs were used by many Indian tribes as a truce ground where the sick and afflicted came for relief, and where the instruments of warfare were stacked and the pipe of peace smoked until health was restored. It is equally true that these wonderful springs of health-giving wonders was the Foun-

tain of Youth so much sought by that grand old cavalier, Ponce de Leon, and this was the objective point he had in view when he sailed from sunny Spain and landed on the coast of Florida, seeking some waters where it was understood, even at that day, youth would be restored and life again made worth while by health.

"During President Jefferson's term he sent representatives of the government here, and an investigation of the waters and surrounding country was made, but nothing further looking to the government taking over the springs was done until 1832, when, by act of Congress, the four sections embracing especially Hot Springs Mountain, on which the springs are located, was reserved forever for the use and benefit of the whole people. Again lethargy smothered governmental initiative, and nothing further was done to effect local conditions until 1877, when Congress authorized the sale of lots here, and, it may be said, assumed the management and control of the water, which had heretofore been used at pleasure. A small town had grown up, occupied by squatters.

"At the present time it may be said that the government is in absolute control of and supervises the administration of every bathing house, and affords every protection to the visitor.

"The following is taken from a government circular, and speaks for itself:

"'The waters are radio-active in a marked degree, and to the presence of this rare element in gaseous form is now generally attributed their salutary effects. The baths create a reaction accompanied by an elevation of body temperature, accelerated heart action with diminished blood pressure in the arteries, and a stimulation of the nutritive changes in the tissue cells, especially those composing the organs of elimination and those concerned in the formation of the blood. The mineral constituent is very low, and when the waters are taken internally, combined with the sweating produced by the baths and packs, elimination by all the emunctories is greatly increased.

"'The hot waters may reasonably be expected to give relief in the following conditions: In gout or rheumatism after the acute or inflammatory stage; in neuralgia when dependent upon gout, rheumatism, malaria or metallic poisoning; in the early stages of chronic Bright's Disease; in catarrhal conditions of the gall-bladder; in certain forms of disease of the pelvic organs, and in sterility in women; in chronic malaria, alcoholism and drug addictions; in many chronic skin diseases; in some forms of anemia; in syphilis; in gonorrheal rheumatism; in toxaemias and conditions of defective elimination, and in some forms of cardio-vascular disease with increased tension in the blood vessels.

"'The general tonic and recuperative effects are marked in conditions of debility and neurasthenia, due to the strain and fatigue incident to social and business cares and responsibilities, and in many other conditions the baths and climate are useful adjuvants to medical treatment.'"

In the Journal of the American Medical Association, May 4, 1912, Dr. F. McKelvey Bell has an article on "Bismuth Paste Experiments." His conclusions are as follows:

1. Bismuth paste as a drainage for acute suppurating sinuses is painless and efficacious, but does not assist in rapidity of cure.

2. When a sinus shows sluggishness, if five per cent. iodoform be added to the bismuth paste it is much more stimulating to granulations.

3. As a packing and drainage for localized intra-abdominal and pelvic sinuses bismuth paste is safe, painless, rapidly curative, prevents the formation of

pockets of pus, lowers temperature and to a limited extent prevents post-operative adhesions.

4. It may be used as an aid to diagnosis in fecal fistulas, as well as act as a curative agent.

5. In large cavities requiring four or more ounces of paste it should be watched carefully for symptoms of bismuth or arsenic (impurity) poisoning. Unless there is free exit for paste it is dangerous.

6. Bismuth "stones" may form in a closed sinus.

7. In clean wounds or those discharging seropus, it retards healing and tends to chronic conditions. To get results the discharge should be frankly purulent.

From the Lay Press.

Dr. Wm. Mood Dead.

News and Courier.

Harvin, April 21.—Special: Dr. William R. Mood, of Summerton, Clarendon county, died suddenly this afternoon at 3 o'clock, at his home in Summerton. Death was due to heart failure. He is survived by his wife, who was Miss Hattie Scarborough, and nine children.

Dr. Mood was a most affable, genial gentleman, an interesting conversationalist, and a very successful practitioner of his chosen profession. Summerton and that section of Clarendon has lost one of her best citizens.

Raise Monument to Marion Sims.

The State, April 19, 1912.

A movement for the erection of a suitable monument to the great surgeon, J. Marion Sims, is under way. The Sims Memorial Committee of the South Carolina Medical Association made its report yesterday. Dr. Robert Wilson, Jr., of Charleston, was chairman and first spokesman. Dr. S. C. Baker, of Sumter, secretary-treasurer of the committee, followed Dr. Wilson, and after these had spoken, their report was adopted unanimously.

Dr. Wilson said that it has been decided advisable to create a subcommittee in each county, whose duties would be to collect the subscriptions and advance the project in every way. Activity and interest must be stimulated. And the women's clubs in particular should be invited to take a hand in the matter. For it was among the women that the noble physician did his greatest work.

A bill has been passed by the South Carolina Legislature appropriating $5,000, with the provision that $5,000 more be raised by the profession and laymen to meet this. Dr. Strait, senator from Lancaster, introduced the measure, and pushed it. This provision gives to the Governor the power to appoint part of the committee for securing the monument. Dr. Wilson thought it wise, or rather the committee he represented, thought it wise, to correspond with the Attorney General and find out the status of the bill.

F. Wellington Ruckstuhl, sculptor of the monument to the Women of the Confederacy, has said that the proposed memorial monument would cost $10,000. No sculptor, said Secretary Baker, however, has yet been selected.

It is expected that $250 will be raised in each county of the State. There are 44 counties in all. The Columbia Medical Society has alone pledged $500 toward the amount desired.

Fight for Health to Start at Once.

The State, April 20, 1912.

The South Carolina Medical Association will start at once the greatest campaign in behalf of public health that has ever been attempted in the State or in the South. The committee in charge is composed of Dr. William Weston, of Columbia, chairman; Dr. S. C. Baker, of Sum-

ter, and Dr. Edgar A. Hines, of Seneca. The first important move will be made at Charleston, where addresses will be delivered before the State Teachers' Association, and members are expected to join the ranks.

The campaigners have abundant ammunition, and are going to fire destructive volleys into the camps of disease and insanitation. Strong speeches are to be made before all bodies interested in the welfare of South Carolina. The school associations and authorities, church conventions and ministers, the press and benevolent bodies will be singled out and the importance of the project impressed upon them.

Dr. William Weston said yesterday: "No State is prosperous unless that prosperity consists in the health of the people." Dr. E. A. Alderman, president of the University of Virginia, in his address to the medical men, said: "All these things which are being done for the public health, and in particular for the children, simply mean the preservation of the State." Dr. Alderman's address, and that of Dr. J. W. Jervey, of Greenville, before the South Carolina Medical Association, will fill the pages of two of many pamphlets that will be scattered over the country covered by the campaign.

Government Expert Studying Pellagra.

Greenville News, May 1, 1912.

Dr. Randolph M. Grimm, United States Public Health and Marine Hospital Service, with headquarters in Savannah, arrived in Greenville yesterday morning for the purpose of making a study of the disease commonly known as pellagra. Dr. Grimm will spend several weeks here making a close study of such cases as may be found here.

He met last night with the Board of Health, at the special meeting of that body, held for the purpose of conferring with State Health Officer J. Adams Hayne, relative to the feasibility of draining the meadow, and spoke very interestingly of this apparently new disease.

It is understood that the purpose of Dr. Grimm's investigations is to ascertain whether or not pellagra is on the increase or the decrease, as to whether it predominates in the white race or the black race, and in males or females. It is stated that from two-thirds to three-fourths of the pellagra cases recorded so far have been among the white people, and that the disease predominates with the female sex.

Since there are several prominent physicians on the Board of Health who are interested with Dr. Smith in the study and handling of this disease, the talk by Dr. Grimm was especially interesting and helpful.

Dr. Grimm's selection of Greenville as a point from which to make observations does not mean that the disease is any more prevalent here than in any other section of the country. He has heard so much of Greenville and her delightful advantages that he decided that this would be the best place from which to conduct his study.

Hookworm in Dillon County.

News and Courier.

Dillon, May 3.—Special: Dr. F. D. Rogers, hookworm specialist, appointed by the State Board of Health, has completed his work in this county and goes this week to another field. The doctor has been untiring in his labors, and if anyone has not derived benefit from his work it is not his fault.

The efficacy of advertising has been signally manifest in this matter. Hundreds of people have attended Dr. Rogers' clinics and have taken treatment, who never otherwise would have thought of consulting a physician for hookworm.

The report below furnishes a tabulated

statement of work accomplished by Dr. Rogers up to last Saturday, the 27th ult.:

Eight weeks' work done by Dr. F. D. Rogers, in Dillon county, for the South Carolina State Board of Health:

Total number of examinations done	1,579
Total number micro positive	395
Total number micro negative	328
Total number clin positive	348
Total number of clin negative	508
Doses of thymol given, first treatment	743
Doses of thymol given, second treatment	362
Doses of thymol given, third treatment	230
Doses of thymol given, fourth treatment	53
	1,388

Homes inspected, 293; treatment, 156; doctors interviewed, 12; editors interviewed, 2; articles printed, 10; schools inspected, all that were running.

Work done Saturday, April 27, not included in this report.

Newberry Will Build Hospital.

The Daily Record.

Newberry, April 17.—Special: Newberry means to have a hospital, and has gone to work to build it. The Chamber of Commerce adopted the report of its committee, recommending the appointment of a committee of five to act with a committee of five from the county physicians, and to map out plans preparatory to opening books of subscription for putting up a fifteen thousand dollar hospital. It is understood the physicians already have four thousand dollars in sight. The matter has been agitated here for some time, and the movement has now taken definite shape, and with the encouragement and support which it is receiving, promises success.

Arrangements are being made for a banquet to be given by the Chamber of Commerce in the very near future, and it is planned to make it an event in the commercial life of the city.

New Surgeon at Navy Yard.

News and Courier, April 12, 1912.

To begin his duties at the Charleston Naval Station, Dr. A. H. Dodge arrived in Charleston by the Clyde Line steamer, Mohawk, yesterday morning, and is a guest for the present at the St. John Hotel. He is accompanied by Mrs. Dodge. Mr. Dodge has been assigned to duty as a surgeon at the Naval Station, and comes to Charleston from Newport, R. I. Until permanent quarters are arranged at the Navy Yard, Dr. and Mrs. Dodge are making their home at the St. John.

Book Reviews.

Surgical Clinics of John B. Murphy, M. D., Volume I, No. 2.—The Surgical Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. Volume I, No. 2. Octavo of 291 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Published bi-monthly. Price per year: Paper, $8.00; cloth, $12.00.

This number of Dr. Murphy's Clinics is an improvement on the first number issued in February of this year. The contents cover a wide range of subjects. We wish to call particular attention to the cases of bone and joint disease. There are few conditions more trying to the surgeon than ununited fractures. Charcot Ankle Joint is interesting. The X-ray pictures are excellent.

* * *

Differential Diagnosis.—Presented through an analysis of 385 cases. By Richard C. Cabot, M. D., Assistant Professor of Clinical Medicine, Harvard Medical School. Second Edition Revised. Octavo of 764 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, $5.50 net.

Dr. Cabot is one of the most gifted and interesting writers in this country today.

The first edition was received by the profession as a valuable contribution on the subject. Whatever may be said in favor of a constant repeti-

tion of the principles involved in the diagnosis of disease, the presentation and study of the actual cases continues to be highly instructive from every standpoint.

* * *

The Immediate Care of the Injured.—By Albert S. Morrow, M. D., Adjunct Professor of Surgery in the New York Polyclinic. Second Edition Revised. Octavo of 354 pages, with 242 illustrations. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, $2.50 net.

Almost every one will feel the need of such information as this book affords at times. It would not be out of place as a textbook in the high school or college. A copy in every home would also not be amiss.

The chapter on Poisons is very good indeed. The work generally is commendable, especially the illustrations.

* * *

Diseases of the Genito-Urinary Organs and the Kidney.—By Robert H. Greene, M. D., Professor of Genito-Urinary Surgery at the Fordham University, New York; and Harlow Brooks, M. D., Assistant Professor of Clinical Medicine, University and Bellevue Medical College. Third Revised Edition. Octavo of 369 pages; 339 illustrations. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, $5.00 net; half Morocco, $6.50 net.

This book will prove of very practical value to the general practitioner especially. It is the conjoint work of a surgeon and physician, and, therefore, should be a well-balanced guide.

There is a good article on Blood Pressure in Kidney Diseases, now so prominent in the literature and in life insurance circles. A short but clever section on Bright's Disease. The section on Urethritis is well written and of practical value. The surgery generally is good. The illustrations are clear and attractive.

* * *

Cyclopedia of American Medical Biography. By Howard A. Kelly, M. D., Professor of Gynecologic Surgery at Johns Hopkins University, Baltimore. Two octavo volumes, averaging 525 pages each, with portraits. Philadelphia and London: W. B. Saunders Company, 1912. Per set: Cloth, $10.00 net; half Morocco, $13.00 net.

These volumes constitute probably the most comprehensive attempt to summarize the lives and works of American men and women who have contributed to American Medicine ever undertaken. The subject matter covers not only this country, but Canada. The epitome of the history of Medicine and Surgery and the Specialties will be invaluable for all time. The authors of most of the articles are themselves men of national reputation. These books have been five years in preparation. The author for South Carolina is Dr. Robert Wilson, Jr. Several other physicians have also contributed biographical sketches of South Carolina's eminent men. It is indeed interesting to note the great share the South has in the glorious history of American Medicine.

This work will be invaluable for every student of medicine as a foundation stone, for every practicing physician, and for every investigator of the history of our country.

Publishers' Items.

M. E. Brockman, Seneca, S. C., Manager Advertising Department.

A New and Promising Agent for the Treatment of Rheumatism.

An announcement that is certain to cause widespread interest among the profession is being made in a large number of American medical journals in behalf of Rheumatism Phylacogen. The new product is a bacterial derivative originated by Dr. A. F. Schafer, of California. The term "Phylacogen" (derived from two Greek words—the equivalent of "a guard" and "to produce") means "phylaxin producer," phylaxin being

Colden's Liquid Beef Tonic

has always been found especially valuable in that restoration of the appetite so often regarded as the first necessity in the correction of disorders of digestion due to decreased secretory activity. As it

Arouses the Appetite

stimulates the gastric glands, promotes secretory action and induces peristalsis, Colden's Liquid Beef Tonic is indicated in cases of lost appetite, impaired digestion, gastro-intestinal atony, as well as during convalescence and to lessen the feebleness of old age.

When Anemia is a complication Colden's Liquid Beef Tonic with iron is indicated.

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A sample will be sent to physicians on request.

a name that is applied to a defensive proteid found in animals that have acquired an artificial immunity to a given infectious disease.

Rheumatism Phylacogen (Schafer) is a sterile aqueous solution prepared from a large variety of pathogenic bacteria, such as the several staphylococci, streptococcus pyogenes, bacillus pyocyaneus, diplococcus pneumoniæ, bacillus typhosus, bacillus coli communis, streptococcus rheumaticus, streptococcus erysipelatis, etc. The basic Phylacogen is a "polyvalent" preparation, since the organisms are obtained from cultures made at frequent intervals and from a variety of sources. To this basic material is added an equal amount of the filtrate obtained by similarly growing and treating the streptococcus rheumaticus of Poynton and Paine. The product is indicated in all cases of rheumatism, acute and chronic, not due to gonorrheal infection. It is marketed in sealed glass vials of 10 cc. capacity and may be administered subcutaneously or intravenously, the former method being preferred except in cases in which quick results are demanded.

Rheumatism Phylacogen, which is the first of a series of phylacogens originated by Dr. Schafer, and about to be offered to the medical profession, has been thoroughly tested clinically in many of the leading hospitals, as well as by competent specialists and other scientific men in various parts of the country, and is said to have shown brilliant results in a large percentage of cases. With the co-operation of Dr. Schafer, and in accordance with his methods, it is prepared by Parke, Davis & Co., in whom are vested the sole rights of manufacture and sale. Physicians who are interested in this new treatment for rheumatism, and every general practitioner ought to be, will do well to get descriptive literature on the subject. It may be obtained by addressing the manufacturers at their principal laboratories in Detroit, Michigan. Ask for the "Rheumatism Phylacogen Pamphlet," and mention this journal.

* * *

The Therapeutics of Rachitis.

Among remedial agents promising benefit in rachitas, codliver oil, as exhibited in Cord, Ext. Ol. Merrhuæ Comp. (Hagee) is worthy of prominent mention. It not only has abundant value as a tissue nutrient, but its contained phosphorus makes it particularly potent in this condition. There is an urgent indication for this latter agent, which is admirably met by the administration of Cordial of the Extract of Cod Liver Oil Compound (Hagee).



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Dr. Charles M. Rees, President South Carolina Medical Association, 1912.

Journal South Carolina Medical Association

Published Every Month Under the Direction of the Board of Councilors.

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The Journal is published monthly under the auspices of the South Carolina Medical Association. Original articles are solicited. Members who do not receive their copies will please notify the Editor. Correspondents and Secretaries of County Societies are urgently requested to send reports of their meetings and items of news that may be of interest to the profession to the Editor. All articles should be typewritten. Illustrations sent with articles will be printed. For prices of reprints see advertising pages.

All matters must be in the hands of the Editor by the 30th of each month.

Proofs of all original articles appearing in the Journal are revised and corrected by their authors. The Journal is in no sense responsible for expressions in original articles.

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Editorials.

President South Carolina Medical Association, 1912.

Charles Mayrant Rees was born at Stateburg, Sumter county, S. C., January 17, 1862. Primary education commenced in schools of that neighborhood. Later attended Holy Communion Church Institute (now the Porter Military Academy), Charleston, S. C. Went from there to preparatory and high school at Kirkwood, near Atlanta, Ga. Entered a drug store in Charleston in 1881; graduated in pharmacy in 1883, and commenced at once the study of medicine. Followed the late Dr. John J. Edwards as druggist at the old City Hospital on Queen street, and remained there until he graduated in medicine in 1887. Continued at the City Hospital until 1889, when he commenced the practice of medicine in Charleston. He has been connected in one way or another with the City Hospital, and afterwards the Roper Hospital, since graduation in medicine. Commenced teaching in the Charleston Medical School, which school gave a summer course, as lecturer on obstetrics. Later was visiting obstetrician and at times visiting surgeon to the City Hospital. Has been attending gynecologist to the Shirras Dispensary for many years. When the Roper Hospital Polyclinic Medical School was organized, he was given one of the chairs of gynecology and abdominal surgery. On the retirement of Dr. J. Somers Buist from the professorship of didactic surgery in the Medical College of the State of South Carolina five years ago, was elected professor in this branch. Following the death of Dr. Manning Simons one year ago, was elected professor of general and clinical surgery in the Medical College. He has been a member of the Medical Society of South Carolina (Charleston), and of the South Carolina Medical Association since he commenced the practice of medicine in 1889. Is a member of the American Medical Association of the Tri-State Medical Association of the Carolinas and Virginia. Of the Southern Surgical and Gynecological Association, of American Association of Obstetricians and Gynecologists. Was com-

missioned by President Taft in 1909, first lieutenant in the Medical Reserve Corps, U. S. A. He has made many contributions to the Medical Society of South Carolina (Charleston), and to the South Carolina Medical Association. Has also contributed to the American Association of Obstetricians and Gynecologists. Was president of the Medical Society of South Carolina in 1906-'07. Was a member of the State Board of Health for several years. He has been a regular attendant at the annual meetings of the South Carolina Medical Association, having missed but three meetings in twenty-three years.

Commencement Exercises of the Medical College of the State of South Carolina.

The commencement exercises of the Medical College were held in the Academy of Music on the evening of Monday, June 3d. It was a brilliant and impressive ceremony. The graduating classes in medicine and pharmacy together numbered eighty-two, of whom sixty-five belonged to the medical class, and clad in the academic cap and gown made an unusually striking and impressive appearance. The chief honors were carried off by Dr. T. G. Croft, Jr., of Aiken, S. C., who won the much-prized college cup, and Mr. J. D. Yongue, Ph. G., of Pickens, S. C., who captured the Faculty medal for the highest position in the pharmacy class. Mr. E. L. Mace, Ph. G., of Marion, S. C., carried off the Pharmaceutical Association medal, and Dr. J. H. Cannon, of Ridgeland, S. C., received the Samuel Henry Dickson prize in medicine. Dr. I. R. Blakely won the Francis Lander prize in Pediatrics.

The annual address was delivered by Prof. D. W. Daniel, of Clemson College, who, in his most charming manner, dwelt upon the "Mission of the Modern Medicine Man."

After the exercises in the Academy the annual meeting of the Alumni Association was held in the German Artillery Hall. In the course of the meeting a lively discussion was carried on about the usefulness which an alumni association might exert. During this discussion the dean of the faculty pointed out in what way the association could be of great assistance to the college, and tried to show how valuable would be the mere moral support and encouragement of a well organized body of alumni. He also said that the association could help in a very tangible way by bringing influence to bear upon the members of the General Assembly to secure the passage of a bill providing for an annual appropriation to support medical education; and also to bring about a modification of the present medical practice Act so as to require the equivalent of a four-year high school education as preliminary to examination for license. These things are urgently needed and could be accomplished without difficulty if the alumni would join hands with the faculty and all work together. After the discussion, upon motion of Dr. H. H. Wyman, a committee was appointed by the chairman to draft a new Constitution and make a report at the next meeting. The annual collation was then enjoyed by all.

Original Articles.

Inguinal Hernia—Operative Treatment vs. the Truss.

By Clyde F. Ross, M. D., Anderson, S. C., Read Before the South Carolina Medical Association, Columbia, S. C., April 17, 1912.

No attempt will be made in this paper to dilate on the anatomy of hernia. Sir Astley Cooper, in the early 19th century, did this very sufficiently, nor will there be championed any new operation for hernia. Bassini, in 1888, gave us the

first successful operation for its cure. The only object of this paper is to try to convert some of the large army of truss wearers into our hospitals where they can be cured and not suffer a false sense of security from the use of the truss.

There are various stimuli which move us to write on various subjects; one may be a particularly interesting or unusual case of a certain type, or it may be a very large number of cases from which we draw various conclusions, but my reason for choosing this subject is the fact that when I advise some person to be operated on for hernia, I meet him on the street a few days afterward and he wears a smile that won't come off, and after inquiry, I learn that one of my professional brethren has taken him or he has gone of his own free will to the drug store and the very efficient druggist, the man who has been licensed by the State to dispense pills, powers, and emulsions, the man who knows no more about the anatomy of the parts, or the requirements of the truss than a snowbird about the fiery furnace, this same man fits him with a truss and he goes home happy in the thought that he has escaped the knife, and that his troubles are o'er.

A more fitting title for this paper may have been, "Down With the Truss," and in this period of our nation when everything seems to hinge on the mere fact of whether we are going to down the trust or whether they are going to down us, and each political party seeking the honor or inserting into its platform this one plank, it may not have been amiss; but, when I recall that one writer on hernia has said that if every person possessing a rupture would seek surgical interference that the surgeons the world over would have to work every day for ten years to relieve their wants, I shudder else someone would suffer for other need of surgery while the surgeons were doing herniotomies.

Just why there are laws to regulate the sale of morphine, cocaine, alcohol and other drugs, and why anyone should be adjudged guilty of malpractice for prescribing or dispensing an overdose of any of these and at the same time let these expert pill makers fit a truss whereby the individual's bowels may be strangulated before he gets home, seems to me a little inconsistent, and I believe there should be a law to put the fitting of trusses exclusively in the hands of physicians.

Hernia is not an infrequent deformity; statistics the world over show that from one-eighth to one-sixteenth of the world's population suffer from this malady, or that there are in the United States seven million people, or in South Carolina one hundred thousand who are ruptured. Vital statistics of the United States census bureau tells us that one of every six hundred deaths is caused by hernia. About eighty per cent. of all hernias are of the inguinal variety, which occurs twice as often in the male as the female.

A person with hernia is more or less a cripple; generally it debars him from army, navy, police and fire department service, always makes him an undesirable insurance risk.

In children their development, both physically and mentally, is interfered with, and very frequently the possessor of a hernia, owing to his inability to support himself, becomes a public ward.

What are the contraindications for the operation, or, in other words, what are the indications for the use of the truss? There seems to me no difference of opinion as to the operative treatment after the fourth year, but before the fourth year, there was a time when one hesitated to advise operation, but the trend in recent years, especially among the French and English surgeons, has been to extend operations to all ages, and justly so.

Macready says that fifty-eight per cent. of ruptures are cured by the truss dur-

ing the first twelve months of life, ten per cent. cured between the first and fifth years, or during the first four years about forty-nine per cent. are cured by the use of the truss.

The mortality of hernia results from strangulation, and strangulation in infancy or childhood is a very unusual occurrence compared to strangulation in adults, and yet it takes place in one-half to one per cent. Scudder's mortality rate in twenty-five operations on children with strangulated hernia was forty per cent., so the conservative method of nonoperative treatment of hernia in children results in a mortality rate of from one-fourth to one-half of one per cent.

Bull and Coley reported in 1907 nineteen hundred operations on children with a mortality rate of only one-fourth of one per cent., and the percentage of cures was ninety-nine and one-half per cent.

I have collected from recent literature reports of twenty-five hundred herniotomies during infancy and childhood with at least one hundred during the first twelve months of life. The mortality rate was only one-half to one per cent., and these deaths resulted more from strangulation than from the operation *per se;* the recurrences amounted to about two per cent.

Deaver, Judd, Andrei, Kavocs and others conclude: after taking into consideration on the one hand the dangers of the truss from strangulation, the care and anxiety that the truss places on the mother, the ignorance and inability of so many parents to properly care for the truss, and, on the other hand, the comparative safety of the operation, the good results obtained thereby, that operative treatment is justifiable wholly irrespective of age.

There was, also, a time when certain adults with hernia were classified as inoperable; for instance, those suffering with diabetes, chronic interstitial nephritis, valvular disease of the heart, severe chronic cough, etc., but thanks to Crile, Cushing, Bodine, and others, the operation is now performed under local anæsthesia, and these contraindications are no more. Speaking generally of the operative treatment of all hernias, the mortality rate ranges from one-tenth to five-tenths of one per cent., and the cures from ninety to ninety-nine per cent.

A person wearing a truss, not considering the trouble and annoyance caused thereby, nor the semi-invalidism of the condition, is said to run about three times the risk of dying as he would if he submitted to an operation. Hernia is comparatively easy of diagnosis if we would only use our senses, but very often one becomes careless and the surgeon finds hydrocele, varicocele, enlarged inguinal glands, etc., referred to him for herniotomy.

Notwithstanding the introduction of antiseptics by Lister, nor the discovery of general anæsthesia by Long, herniotomy was never a success until Bassini published his operation of constricting the internal ring and canal, and although many surgeons of the present time are so convinced of the saccular or congenital origin of hernia that their only precaution in operating is the complete removal of the sac, yet the operation done is usually Bassini's or some modification thereof, such as Ferguson's or Mayo's.

To summarize, statistics of recent years show us that in childhood or infancy, the nonoperative treatment of hernia has a mortality of from one-fourth to one-half per cent., and that the percentage of cures is about forty-nine, while the operative treatment results in about the same mortality, but the percentage of cures is about ninety-eight.

In adults, the mortality rate of nonoperative treatment will run higher owing to the fact there is a greater per cent. of strangulations, the percentage of cures amounts to nearly nothing.

In adults, the mortality rate of the

operative treatment in the hands of experienced surgeons is practically *nil,* while the percentage of cures will run from ninety to ninety-five.

As these patients are seen first by the general practitioner, you gentlemen, like myself, who are doing general practice, will have to constitute the judges in these matters, so in the terms of the daily press, the question to decide is not whether you are a democrat or a republican; it is not whether you are a conservative or a progressive, for I have tried to prove to you that to be conservative you will have to be progressive; it is not whether Theodore Roosevelt can come back nor whether William H. Taft should be given another opportunity to make good; it is not whether Clark, Harmon, Underwood or Wilson shall be chosen to carry the democratic standard to victory, but the question is, "Shall We Down the Truss?"

Low Ureteral Calculus—Operation—Recovery.

A. B. Knowlton, M. D., Columbia, S. C.

Four weeks ago a young white man, twenty-five years old, came to me with the following history: Married and had lived a temperate life in every way. For two years past he has had occasional attacks of colicky pain low down in the right side—the pain radiating upward into the right loin and downward to the glans penis. Accompanying these attacks he would have frequent and painful urination. These attacks were unaccompanied by symptoms other than the above described, but on account of the increasing frequency the patient was rapidly becoming incapacitated for regular or continuous employment of any sort. Two months prior to coming to me he had consulted another surgeon, who, by radiogram, had located a calculus low down in the right ureter about an inch from the uretero-vesical orifice. In operating he made a low, right-sided incision in the fibre lines of the external oblique. He tells me that through this incision he was unable to locate the stone, and that he thought it had probably passed into the bladder beyond. After dismissal by the surgeon the patient's attacks returned upon the resumption of his avocation.

When I saw him he had slight constant soreness just above the pubic bone, was having his attacks of pain frequently, and a few leucocytes were discoverable in the urine from the right ureter, while none could be found in that from the left. Radiogram showed a calculus in the same spot as that prior to the first operation. By cystoscopic examination the right ureteral orifice was slightly more "pouting" than the left, and I could pass the ureteral stylet only an inch into the right ureter when it would come suddenly against an obstruction. Neither the stylet nor the ureteral catheter could be made to pass the obstruction, although urine "dripped" freely from the ureter through the catheter. These points were conclusive as to the continued presence of stone, and also as to the fact that urine could come down the ureter and flow around the obstruction.

Operation was done in the suprapubic median line. A long incision was made, the intestines well packed back and the prospective field thoroughly exposed. A transverse incision three and one-half inches long was made in the posterial peritoneum on a line with the fundus of the bladder. This organ (being empty) was then drawn upward and forward and the entire recto-vesical space opened up by blunt dissection. It was gratifying to observe how plainly the lower ureteral ends could be seen as they disappeared into the vesical wall, and what thorough exposure was made of the seminal vesicles.

The calculus was easily located and removed through a longitudinal incision in

the ureter which was afterward closed by fine Irish linen. The bladder was then allowed to drop into its normal position and the transverse peritoneal incision closed with catgut. A small gauze drain was placed at the site of the peritoneal incision near the bladder and allowed to protrude at the lower angle of the median anterior incision—this was done to provide urinary escape in the event that the ureteral incision failed to heal by primary union. The post-operative conduct of the case was entirely satisfactory. The gauze wick was removed on the fifth day without urinary fistula and the patient dismissed from the hospital on the fourteenth day. There have been no recurrences of pain since operation. The stone removed was somewhat smaller than a green pea, of the "mulberry" type, and presumable of oxalate of lime. Its numerous projections had fastened themselves into the mucous membrane and submucous tissue of the ureter making it impossible to displace the stone either upward or downward in the canal.

There are several points upon which I wish to comment.

First, as to the route of attack in such cases. I feel confident that when the stone is within two inches of the ureterovesical orifice the median suprapubic incision and the transperitoneal operation will give by far the best exposure. It would be physically impossible to obtain such complete manipulative control of this operative field, either through the inguinal, lumbaritio-inguinal or sacral routes.

Tribute to the present-day radiogram should not be omitted. The definiteness of the picture of even so small an object as a ureteral calculus is testimony of the monumental work and achievement of the Roentgnologist. In interpreting the radiogram in such conditions, however, it should be remembered that certain pelvic glands and phleboliths produce shadows identical in appearance with those produced by ureteral calculi.

It is here that the cystoscope renders one of its most valuable services—the ureteral catheter by meeting with the obstruction at the site of the stone will confirm the radiogram, or by making the radiogram with the ureteral metalic stylet in place of the calculus shadows will be strung along the line of the stylet, while glands and phleboliths will be shown to be external to the ureter. Again, the cystoscope is strongly diagnostic of ureteral conditions by showing the normal or abnormal appearance of the ureteral orifice itself. This opening, like the stomata of other tubes and canals of the body, shows a pouting congested condition occurring secondary to disease higher up.

The fact that pus can be gotten from one ureter and not from the other is very suspicious of stone somewhere in the tract of that side. This is true even though only a cell or two be found in each slide, and is especially true where this finding is constant.

House of Delegates.

Minutes of the House of Delegates, South Carolina Medical Association, April 16th, 1912.

House called to order at 10:00 a. m. by the president.

Committee on Credentials, consisting of Doctors C. B. Earle, W. A. Tripp and T. G. Croft, was appointed to examine and report on the credentials of the delegates present.

Report of chairman Committee on Credentials.

Moved that the report be adopted.

Dr. Earle: I move to amend that Dr. Etheredge, of Aiken county, be accepted as an accredited delegate.

Upon motion of Dr. Wilson, of Spartanburg, the report was adopted.

Dr. Wilson: I make the motion that anyone appointed as an alternate to fill the place of a regular delegate, if the regular delegate should come in, that the alternate assume his delegateship until the end of the session, so as to do away with confusion; that the alternate be recognized as the permanent delegate. Seconded by several and motion carried.

Address of the President of the South Carolina Medical Association to the House of Delegates, at Columbia, S. C., April 16, 1912.

By J. W. Jervey, M. D., Greenville, S. C.

Gentlemen of the House of Delegates:

Owing to the recent change in the manner of conducting our annual meeting, whereby this house is required to transact the business of the association before the general scientific sessions commence, it becomes necessary that your president shall address this house separately for the purpose of advising with you in matters concerning administrative affairs.

First, I wish to congratulate the association upon the possession of a diligent, energetic and efficient secretary. Let us remember that this official, by the nature of his office, must be the mainstay and backbone of the organization, and we should exercise more care and good judgment in the filling of this office than of any other in this body.

Again this year the legislative committee has done valuable work. Its report will speak for itself. I have had several years of personal experience on this committee, and I know its importance and its many difficulties. It should have a fund for its expenses, which are legitimately many. Heretofore these expenses have been borne by the members of the committee themselves. This is not right, and I trust you will see the advisability of making a proper appropriation for its work.

The statutes of South Carolina provide that nominations for membership on the State Board of Medical Examiners and the Executive Committee of the State Board of Health shall be made by the South Carolina Medical Association. This means that the association, as a whole, in convention assembled, must make these nominations, and the association has no authority or right to delegate this power to any part or committee of itself. In order to avoid any possible embarrassment I recommend that hereafter these nominations be referred to the general session for action and endorsement.

Our administration started its present year with thirty-six county societies and approximately 540 members of the State organization. Your president and secretary, with the aid of some of the councilors, made a concerted effort to increase the number of county societies and the total membership in all counties. The foundation of our prosperity must always lie in the numerical strength of our membership. In numbers there is strength. We secured the services without cost to our association of an agent of the American Medical Association to canvass the State and solicit the membership of eligible physicians. By these means we have organized or reorganized four county societies, and have increased our total membership to approximately 678—a gain of 138 members during the year. This is at least a fair showing, and denotes progress instead of retrogression, which was threatened, and which, if not overcome, must inevitably lead to decay.

Circumstances have again compelled a change in the management of The Journal, as will be explained in the report of the Board of Councilors. Having had three years' personal experience with The Journal affairs, I have long been convinced of the desirability of consolidating the offices of the secretary of the association and the editor of The Jour-

NAL. This has now been done and will prove a matter of economy as well as expediency in other respects, and you will doubtless approve of the change.

THE JOURNAL'S vicissitudes are not over with, however. Owing to the change in the manner of collecting dues payable to the treasurer and to THE JOURNAL, provided at the last annual meeting, there has arisen some misunderstanding, and as a result the association's treasury and THE JOURNAL'S receipts have both suffered, while many memberships have been allowed to lapse. Many of these lapses occur through the indifference or inefficiency of the secretary or treasurer of the county society, and a whole county society may forfeit its representation in the State organization as a result. This is manifestly unfair to those members of the county society who have paid their dues and do not wish to lose their proper status in this body. To overcome this difficulty I recommend that you so amend the by-laws as to require the secretary or treasurer of the State Association to make efforts to collect dues directly from members of any county society who are reported as delinquent by the county secretary.

Still further to increase the efficiency of the organization, and also to promote further economy, I earnestly recommend the merging of the office of treasurer with that of secretary. This action will not be in conflict with the Constitution, since there is no provision in that instrument which would prohibit one individual from holding more than one office. Under the system at present in force the treasurer receives a compensation of about $200.00 per year—being ten per cent. on all money handled. This percentage of remuneration is out of all reason in our present organization, and is a relic of our old association of approximately 200 members, when the treasurer was compelled to solicit and collect personally the dues from each individual member of the association. This entailed a great deal of clerical detail. *Now*, the treasurer has no collecting whatever to do, but merely receipts for moneys received from the county society treasurers. A fixed salary of fifty ($50.00) dollars per annum and allowance for stationery and stamps, would, in my judgment, be sufficient compensation for the duties of this office. I am advised that our present efficient treasurer, who has for many years most acceptably filled this position for us, has positively determined not to stand for re-election, so that now is a most propitious moment for making these suggested changes.

A matter which comes up for ruling from time to time, and which is not specifically provided for in our by-laws, is that of liability for arrears to the State association by a member who has been dropped from his county society for nonpayment of dues, and applies for reinstatement. In these cases I have ruled that the arrears for the State Association need not be paid, for the reason that suspension from the county society automatically drops the member from the roll of the State Association. Obviously he is not indebted to the State Association for the time he is not a member. I think the county societies would always prefer this ruling to one requiring collection of arrears for the State organization, for naturally it desires to make reinstatement as easy as possible for suspended members. I refer to this matter because my immediate predecessor took the opposite view, ruling that arrears must be paid. It seems desirable, therefore, that a fixed policy, one way or the other, should be adopted, and the by-laws amended to cover the case.

From time to time I have been advised informally, but seriously and earnestly, of the presence of illegal practitioners in different communities. It is the duty of the councilors to give these lawbreakers their attention, and this house should

urge upon the council the intense importance of this work.

I would urge upon you the great value of concerted and vigorous action in all legislative matters affecting the public health and the profession. Every county society is supposed to have a committee on legislation. I recommend that you adopt a by-law requiring each county secretary annually to advise the secretary of the State Association of the names of the chairman and members of this committee of his society, and requiring the State association secretary to keep a corrected list of these county committees. This would enable the State association committee on public policy and legislation to summon the proper county committeemen for consultation and aid in times of urgent necessity. It is astonishing what weight is carried in the legislative halls by a large body of earnest men representing the professional consensus of every county in the State. I have seen it demonstrated.

It is the broad purpose of this association to further in every possible way the welfare and health of the whole people. To attain this end we must enlist the sympathy and understanding of the people themselves. In other words, we must educate the public up to its own physical needs. Public health legislation will then be readily enacted. I recommend, therefore, that a by-law be adopted providing for a standing committee of three to be appointed annually by the president, to be known as the Committee on Public Health and Instruction, and whose duty it shall be to have one or more of its members to appear as often as can be arranged, with the assistance of the State Association's secretary, before the various public, quasi-public, and sectarian meetings, such as the Press Association, the Bar Association, the Teachers' Association, religious conventions, the Woman's Federation of Clubs, etc., held in this State, and address them on some live topics in relation to the public health. The educative benefits which would accrue from this procedure, I believe, would in inestimable.

Finally, a few words as to the time and place of meeting of the association. It has been proposed, for various reasons, to make Columbia the permanent annual meeting place. Undoubtedly there would be many advantages in this plan, but for the present, at least, I am opposed to it, for the reason that it is certain more interest can be kept up in the association in different parts of the State by occasional meetings in the various sections, wherever suitable accommodations are to be had. I do believe, however, that the time of meeting might be changed with advantage, and that legislative influence of great weight would be induced if we would have every alternate annual meeting in Columbia, and at a time during the session of the State Legislature. The South Carolina Medical Association is, under the statutes, the State Board of Health, and its presence in the capital coincidentally with the General Assembly would be certain to operate to the inestimable benefit of the health and welfare of the people of South Carolina.

Moved by Dr. Wilson that the president's address be referred to the council. Seconded by several.

Dr. Tripp: I would like to suggest an amendment: That the councilors report during this session, so that the house may take action.

Motion, with amendment, carried.

Treasurer's report read.

Annual Report of Dr. C. P. Aimer, Treasurer South Carolina Medical Association, December 31, 1911.

Charleston, S. C., December 31, 1911.

To the President and Members of the South Carolina Medical Association.

Gentlemen: The treasurer herewith submits his annual report for the fiscal year 1911.

The following itemized statement of receipts and expenditures explains our finances in detail:

Statement 1911.

Balance cash on hand January 1, 1911.	$ 745 04
Cash collected from January 1, 1911, to December 31, 1911, inclusive (as per statement)	1,903 75
	$2,648 79
Cash expended from January 1, 1911, to December 31, 1911, inclusive (as per statement)	$1,538 03
Balance cash on hand January 1, 1912.	$1,110 76

1911. Cash Received.

Jan.	1. Balance cash on hand	$ 745 04
Feb.	3. Kershaw County Medical Society	24 00
	27. Colleton County Medical Society	27 00
Mar.	4. Greenwood County Medical Society	27 00
	10. Marlboro County Medical Society	48 00
	14. Georgetown County Medical Society	18 00
	20. Dillon County Medical Society	24 00
	23. Union County Medical Society	39 00
	25. Union County Medical Society	3 00
	27. Dorchester County Medical Society	69 00
	28. Sumter County Medical Society	45 00
	29. Newberry County Medical Society	27 00
	31. Engefield County Medical Society	27 00
	York County Medical Society	43 00
April	1. Aiken County Medical Society	42 00
	Charleston County Medical Society	177 00
	Spartanburg County Medical Society	129 00
	3. Clarendon County Medical Society	39 00
	4. Orangeburg County Medical Society	48 00
	Charleston County Medical Society	3 00
	5. Anderson County Medical Society	132 00
	Spartanburg County Medical Society	6 00
	York County Medical Society	5 00
	7. Chester County Medical Society	48 00
	Orangeburg County Medical Society	9 00
	8. Chester County Medical Society	3 00
	Lexington County Medical Society	36 00
	Columbia Medical Society	162 00
	10. Greenwood County Medical Society	3 00
	Greenville County Medical Society	126 00
	Chesterfield County Medical Society	21 00
	Oconee County Medical Society	30 00
	11. Greenwood County Medical Society	18 00
	Pickens County Medical Society	45 00
	13. Laurens County Medical Society	72 00
	Saluda County Medical Society	21 00
	Chester County Medical Society	3 00
	14. Charleston County Medical Society	3 00
	York County Medical Society	18 00
	15. Abbeville County Medical Society	36 00
	17. Florence County Medical Society	30 00
	Bamberg County Medical Society	33 00
	Aiken County Medical Society	3 00
	18. Saluda County Medical Society	3 00
	Marion County Medical Society	21 00
	Sale Buttons	3 75
	Florence County Medical Society	3 00
	19. Horry County Medical Society	27 00
	Hampton County Medical Society	3 00
	Sale Buttons	6 25

	Sale Button	1 25
	Sale Button	1 25
	21. Bamberg County Medical Society	3 00
	Sale Button	1 25
	27. Spartanburg County Medical Society	3 00
May	4. Cherokee County Medical Society	21 00
	Florence County Medical Society	3 00
	10. Aiken County Medical Society	3 00
	18. Newberry County Medical Society	9 00
June	30. Darlington County Medical Society	42 00
July	22. Orangeburg County Medical Society	6 00
Aug.	1. Lexington County Medical Society	9 00
Sept.	5. Greenwood County Medical Society	3 00
	28. Lexington County Medical Society	3 00
Nov.	1. York County Medical Society	3 00
	6. Spartanburg County Medical Society	3 00
	Total	$2,648 79

1911. Cash Expended.

Feb.	26. Dr. E. A. Hines: Salary as secretary Sept. 1 to Dec. 31, 1910	$100 00	
	To allowances for stenographer	33 34	
	To stamps for secty's office	7 50	
	To acc't of Farm & Factory for printing	7 80	$ 148 64
Feb.	4. Bank exchange on check		10
	28. Bank exchange on check		10
Mar.	13. Bank exchange on check		15
	21 Bank exchange on check		10
	30. Dr. John L. Dawson: Postage and typewriting for Anti-Tuberculosis Standing Committee		2 25
	28. Bank exchange on check		26
	31. Bank exchange on check		15
April	4. Bank exchange on check		30
	6. Bank exchange on check		25
	10. Bank exchange on check		45
	11. Bank exchange on check		30
	13. Bank exchange on check		15
	15. Bank exchange on check		10
	21. Dr. F. W. Dwight, councilor Dist. No. 7:		
1910.			
April	25. Telegram Dr. McLeod	$ 25	
	Telegram Dr. Egleston	25	
	Long distance message Dr. Egleston	25	
	26. R. R. fare to and from Florence	2 50	
	Breakfast and supper in Florence	1 50	
1911.			
Nov.	2. R. R. fare to and from Columbia.	1 60	
	Car fare	10	
	Dinner	75	
Feb.	7. R. R. fare and car fare to and from Columbia.	2 45	
April	10. Postage	1 24	10 89
	21. Dr. E. A. Hines, secretary, to salary for secretary, Jan. 1 to May 1, 1911	100 00	
	To allowance stenographer	33 34	
	To stamps for secretary's office	28 00	
	To telegraph and telephone messages	10 83	172 17
	The State Company, Columbia, S. C., for printing 800 provisional programs State Medical Assn., 800 envelopes	13 00	
	The State Company, Columbia, S. C., for printing 1,000 programs 63d annual meeting at Charleston	22 50	
	Printing 1,000 envelopes	3 75	26 25
	27. H. J. Furlong (printing) 200		

stamped envelopes 4 68
Printing 1 00 5 68
17. Bank exchange on check 15
19. Bank exchange on check 10
20. Bank exchange on check 10
May 6. Bank exchange on check 10
12. Dr. J. C. Sosnowski, editor: Salary as editor Journal 6 months to April, 1911..... 250 00
11. Bank exchange on check 10
15. Connelley-McCarty Co., Charleston, S. C., floral design, Dr. Manning Simons 20 00
18. Bank exchange on check 10
27. Dr. G. A. Neuffer, Abbeville, S. C., councilor, expenses of attending meeting at Columbia, May 2, 1911.....$ 4 15
Hotel bills..... 3 85 8 00
June 9. Miss Ida Lamb, Charlotte, N. C., to reporting and transcribing the Charleston meeting, April 17-20, 1911, services 80 00
Expenses 30 95 110 95
June 10. Dr. J. F. Williams, Roebuck, S. C., councilor, expenses of attending meeting Columbia, S. C., May 2-3, 1911, R. R. fare and sleeper to Columbia, S. S... $4 00
R. R. fare from Columbia 2 50
Hotel bill..... 3 50 10 00
12. Dr. E. A. Hines, secretary, to expense of conference with and by request of committee of arrangements, Charleston, S. C., March 7, 1911, R. R. fare Seneca to Charleston and return, including Pullman... 14 75
Hotel bill and hack hire..... 3 50
To expense attending annual session Charleston, April 18-20, to railroad and Pullman fare 15 50
To hotel bill (1 day) and hack hire..... 3 50
To circular letters and envelopes Farm and Factory printing 9 95
To telegrams, express charges, stamps 4 45 51 65
16. Dr. E. A. Hines, secretary, expenses attending meeting of council at Columbia, S. C., May 2, R. R. fare Seneca to Columbia and return 7 60
Hotel and hack hire 2 00 9 60
Sept. 1. Dr. L. Dawson, Charleston, S. C., one-half expenses of attending meeting of American Medical Association, as delegate from South Carolina, held at Los Angeles, Cal., June 26 to July 2, 1911..... 100 00
Dr. E. A. Hines, secretary, one-half expenses as delegate to American Medcal Association from South Carolina Medical Association, Los Angeles, Cal., June 26 to July 2 .....$100 00

		To salary as secretary S. C. M. A. May 1 to Sept. 1.....	100 00	
		To allowance for stenographer May 1 to Sept. 1.....	33 34	
		To stamps for office use.....	5 00	238 34
	3.	Bank exchange on check		10
July	24.	Bank exchange on check		10
Aug.	1.	Bank exchange on check		10
	6.	Bank exchange on check		10
Sept.	28.	Bank exchange on check		10
Nov.	9.	The State Company, Columbia, S. C., printing 500 circular letters .....$	5 00	
		Printing 500 letter heads.....	4 00	9 00
		Peace Printing Co., Greenville, S. C., October 5, 500 4-pg. letter circular	5 00	
		1,000 note heads	2 50	
		500 No. 10 envelopes	1 75	
		500 Bond envelopes	1 75	11 00
Dec.	23.	Dr. E. A. Hines, secretary, to salary as secretary, Sept. 1 to Dec. 31.....	100 00	
		To allowance for stenographer	33 34	
		To R. R. fare to council, Columbia, Nov. 2.....	7 20	140 54
		Farm & Factory Printing House, Seneca, S. C., 500 letter heads	1 50	
		500 blank applications	2 50	
		500 envelopes, ofl.	2 00	6 00
Nov.	1.	Bank exchange on check		10
	8.	Bank exchange on check		10
Dec.	31.	Dr. C. P. Aimar, treasurer's commissions on collections, 1911.....		190 37
		Total		$1,538 03

STATEMENT OF THE FUND FOR THE PROSECUTION OF ILLEGAL PRACTITIONERS.

Not included in the foregoing.

Balance cash on hand January 1, 1911..	$153 71
Interest on same from January 1, 1911, to December 31, 1911, inclusive....	6 22
Balance cash in bank January 1, 1912..	$159 93

Respectfully submitted,
C. P. AIMAR, M. D.,
Treasurer.

Treasurer also reports that the books, with the vouchers, have been audited by the chairman of the council, and that there are still in hand about thirty buttons. Treasurer stated further that he desired to thank the president for the remarks in his address, and also the gentlemen for their assistance during his term of office. That the treasurer has has not been free from work. There has been considerable work attached to the office. Heretofore the receipts from county secretaries had to be acknowledged and duplicates sent to the editor of THE JOURNAL and to the secretary of the State association, which required considerable work, and the remuneration about covered the stenographer's salary.

Moved by Dr. Earle that the report be received and spread upon the minutes, and that the treasurer be thanked for his services.

Motion carried.

Report of secretary:

Dr. Hines: Within the past year I have received many urgent invitations to visit the various county and district associations and make addresses on matters of organization—more than I could possibly respond to—time after time, not taking "no" for answer. So I feel that if the county societies are so much interested that they are decidedly waking up.

Possibly the greatest matter I have to report is the acquisition of THE JOURNAL for the secretary's office. It has placed in the hands of the secretary a great power, which he has felt the need of

since THE JOURNAL has been established, doubtless. This keeps reports from waiting two or three months, and thus having them read after they are long since stale. Then, again, it has given me an exchange list of all of the association journals, and practically all of the independent journals of the United States, and has, therefore, enlarged my viewpoint on all association matters—that would be beyond the power of anybody except a wealthy society or individual—to have access to all of this great mass of valuable literature. This comes, of course, as a matter of exchange.

The membership has been increasing right along, and particularly within the last few months.

Knowing the interest that our president would take in organization work, I made a special trip to Chicago last summer, by special appointment, to investigate the organization methods of the A. M. A.—to my mind one of the most marvelous organizations in the world. The secretary gave me practically a whole day of his time, and took me over the association affairs, from the cellar to the garret, and every officer of the association seemed most gracious and anxious to be of service to me and I feel most grateful to Doctors Simmons, Craig and all the laboratory workers for giving me so much of their time. I learned there of many things that have been of great value to me in the organization of this work. Incidentally, I went over the publication of THE JOURNAL, in all of its phases, and that now, of course, serves me well.

I am still convinced, as I was in a previous report, of the value of district associations. I believe we should organize the entire State into district associations, and I feel certain that many men will go there and appropriate a great deal from them who will not go to the State associations or the county societies. Most of them have good men to address them, and the work, while it is done rapidly, at the same time it has been greatly appreciated; and I feel that we have not yet done as much as we should do in reference to the districts.

I thank you for your attention.

Moved by Dr. Burdell that secretary's report be received as information. Motion carried.

Report Scientific Committee:

Begs to report that they have received twenty-nine papers for the consideration of the association. Also, that through the efforts of the president of the association two of the foremost lecturers of the United States, Doctors Crile and Alderman, have consented to make addresses.

J. T. TAYLOR,
Chairman Scientific Committee.

Report adopted.

Report Public Policy and Legislation:

Mr. President and Members of the House of Delegates:

Your Committee Upon Legislative and Public Policy beg to submit the following report in regard to bills of medical interest which came to the consideration of the General Assembly of 1912.

First. That the Optometry Bill was killed in the House.

Second. That the Medical Inspection of Schools Bill was passed by the House and Senate, and it was vetoed by the Governor.

Third. None of the other bills were considered by the General Assembly.

We have the honor to be,

Obediently yours,

A. B. KNOWLTON, Chairman;
W. A. TRIPP.

Accepted as information.

Upon motion, Dr. Roberts accorded a seat in the house.

Report of the State Board of Medical Examiners of South Carolina for the year 1911:

The term of office of Drs. Joseph Maybank, P. G. Ellesor, R. A. Bratton and J. J. Watson

having expired, they were re-elected to serve another two years by the House of Delegates of South Carolina Medical Association, at its annual meeting, in Charleston, S. C., April 18th, 1911.

The Board met at the State House at 4 p. m. June 12, 1911, and registered applicants for license to practice medicine in South Carolina.

At 9 p. m. the Board met at the Hotel Jerome with the following members present: Drs. J. L. Napier, H. H. Wyman, Joseph Maybank, P. G. Ellesor, H. L. Shaw, J. J. Watson and A. Earle Boozer.

The Board held its annual election of officers, and the following were re-elected. President. J. L. Napier, Secretary-Treasurer, Dr. A. Earle Boozer; Clerk, Dr. Mary R. Baker.

The Board approved of reciprocity with the following States: Kansas, Maine, Maryland, Michigan, Minnesota, Missouri, Nevada, Utah, Virginia, West Virginia, Wisconsin and Wyoming.

The examination questions prepared by the members were considered and approved, and the following order of examination was adopted: Tuesday, 9-12, Dr. Wyman; 3-6, Dr. Ellesor; 8-11, Dr. Watson. Wednesday, 9-12, Dr. Napier; 3-6, Dr. Maybank; 8-11, Dr. Bratton. Thursday, 9-12, Dr. Shaw; 3-6, Dr. Boozer.

On account of the large number of applicants for examination and the consequent overcrowding of the available space at the State House, it was decided to hold the examination in Craven Hall.

APPLICANTS FOR EXAMINATION.

Doctors	124	
Nurses	34	
Total		158

Doctors.

White, males (including 2 osteopaths)	110
Colored, males	10
White, females (including 1 osteopath)	3
Colored, females	1
Total	124

Nurses.

White	32
Colored	2
Total	34
Grand total	158

The Board met in Columbia, S. C., on July 19, 1911, to tabulate the grades made by the applicants, with the following results:

Doctors.

White, passed, 91; colored, passed, 5; total	96
White, failed, 22; colored, failed, 6; total	28
Total	124

The total percentage of failures was 22%, of which nearly 50% were old failures, i. e., five had failed once before, four twice before, two three times and one four times.

By eliminating all old failures the percentage of failures for the year 1911 becomes 14%.

Nurses.

White, passed, 21; colored, passed, 0; total	21
White, failed, 5; colored, failed, 2; total	7
Disqualified on account of age and service	6
Total	34

As six were disqualified on account of age and service the total per cent. of actual failures was 25%.

Reciprocity and Temporary Licenses.

Besides the licenses issued by examination, ten were issued through reciprocity, as follows: Four with Virginia, three with West Virginia and three with Maryland.

Twelve were granted temporary licenses.

Two blanks were filed for reciprocity with other States.

We further report that the term of office of Drs. Harry H. Wyman, Aiken, Second Congressional District; H. L. Shaw, Fountain Inn, Fourth Congressional District; J. L. Napier, Blenheim, Sixth Congressional District, and A. Earle Boozer, Columbia, State at Large, expires at this meeting.

We further report that Drs. R. A. Bratton, of Yorkville, and Joseph Maybank, of Charleston, have tendered their resignations, thus leaving two more vacancies to be filled at this meeting.

Respectfuly submitted,

A. EARLE BOOZER,
Secretary.

Report received as information.

Report of the Chairman of Council:

Your Board of Councilors begs to make the following report:

That the Council has made strenuous effort to increase the membership of the association, and that they now have an agreement, under the auspices of the A.

M. A., working to enlist all eligible practitioners of South Carolina. This agreement is doing good work, and we hope to secure a large enlistment as the result of his efforts. Societies have taken on new life and added interest, while others that had been unorganized for some time have been reorganized.

During the year Dr. J. C. Sosnowski tendered his resignation as editor of THE JOURNAL, which resignation was accepted, to take effect January 1, 1912. Following the plan adopted by numerous other State associations, the Council decided to consolidate the offices of secretary of the State Association and editor of THE JOURNAL, giving him the combined salaries of those two offices for his services. We believe that this will prove of great benefit in the proper administration of the affairs of the society. We further recommend that it would be a wise policy to elect the secretary as the treasurer of the association. This will place all of the clerical work in one office, where it could be more easily and expeditiously handled; and we further recommend that the salary of the office of treasurer be fixed at the sum of $50, and the current office expenses. This will save the association nearly $150 per year.

The present management has wisely made a few changes in the operating of THE JOURNAL, which has decreased the expenses to such an extent that THE JOURNAL, since the first of January, is not only paying its running expenses (exclusive of the editor's salary), but now has to its credit the sum of $120.87.

The books of the treasurer have been audited and found correct. For further information we refer to the treasurer's report.

The Council begs to further recommend, that inasmuch as it is the aim and single purpose of this association to be of the utmost use and benefit to the citizens of our State, as well as to the practitioners, that the line be drawn between the ethical and nonethical members of the profession.

To further this object, we deem it wise that this association declare that only those who are in good standing with the county associations be deemed ethical practitioners, and that any physician consulting with others than members should be considered unethical.

The Council recommends the adoption of the following:

Resolved, That an annual appropriation, of not to exceed $100, be made for the purpose of meeting the expenses of the Committee on Public Policy and Legislation. The expenditure of this fund to be accounted for by this committee directly to the Board of Councilors.

It further recommends, that nominations for membership on the State Board of Medical Examiners and the Executive Committee of the State Board of Health shall be referred for final endorsement to the members of the association, as a whole, in convention assembled.

It recommends the adoption of the following by-law, to be known as Sec. 14a of Chap. IX of the By-Laws:

Section A. The secretary of the State Association shall be required to make diligent effort to collect annual dues directly from members of any county society who may be reported as delinquent by the county secretary, or, in the event of the county secretary failing to make report, as required in the By-Laws.

The Council recommends the adoption of the following resolution, interpreting the By-Laws in reference to the payment of arrears:

Resolved, That where a member has been dropped from his county society for nonpayment of dues, and applies for reinstatement, no arrears shall be collected for the State society for the period during his nonmembership.

The Council recommends the adoption of the following by-law, to be known as Sec. 5, Chap. VI of the By-Laws:

Section 5. Each county secretary shall be required annually to advise the secretary of the State Association of the names of the chairman and members of the County Committee on Legislation; and the secretary of the State Association shall be required to keep a correct list of these county committees, for the information of the State Association Committee of Public Policy and Legislation.

The Council recommends the following amendment to Chap. VIII, Sec. 1 of the By-Laws: Inserting after the words "A Committee on Public Policy and Legislation" the words "A Committee on Public Health and Instruction."

In defining the duties of this committee the following by-law is recommended, to be known as Sec. 5 of Chap VIII of the By-Laws:

Section 5. The Committee on Public Health and Instruction shall consist of three members, to be appointed annually by the president, and shall serve without compensation. It shall be the duty of this committee to have one or more of its members appear as often as can be arranged, with the assistance of the State Association secretary, before the various public, quasi-public and sectarian meetings, such as the Press, Bar and Teachers' Associations, religious conventions, women's clubs, etc., held in this State, and to address these meetings on some live topic in relation to the public health. It shall make an annual report of its work to the House of Delegates.

In the matter of the petition presented by Dr. Tripp, in regard to the formation of a new and independent society by the physicians of Pelzer, Williamston and Piedmont, we beg to report that the Constitution of the South Carolina Medical Association forbids such action, and that we earnestly request these physicians to affiliate at an early date with the most convenient and accessible county society.

J. T. Taylor,
Chairman Board of Council.

Moved by Dr. Napier, that the report be received as information.

Seconded by Dr. Burdell.

Moved by Dr. Coward, that the motion to "receive as information" be tabled. Motion carried.

Dr. Coward: There were several recommendations made there. I do not know whether this is the proper place to consider those recommendations, but if a motion is in order, I move that the provisions of those recommendations be carried out by the proper authorities, which, I suppose, is the Councilors themselves. I move that the recommendations of that report be put in force, so far as possible.

The President: In other words, you move that the report be adopted, and provisions be made for the carrying out of the report?

Dr. Coward: Yes, sir.

Chairman requested to read his report of the Council again, by sections.

Dr. Taylor (reading): "The Council begs further to recommend—"

Dr. Tripp: I would like to amend Dr. Coward's motion by moving, that we adopt the report of the Council in sections. Motion carried.

(Chairman of Council reads first section.)

First section received as information.

Second section received as information.

Moved, that the third section be adopted.

Dr. Burdell: If we adopt that section, as I am in favor of doing, would that put that into effect?

The President: The chair rules that that would put that recommendation into effect, inasmuch as it is merely electing one man to two offices, which is not contrary to the Constitution.

Dr. Wilson: I understand that it is merely adopting the report of the Board of Councilors.

The President: The chair rules that the adoption of a report of the Councilors is practically its adoption. There-

fore, if this resolution is adopted by a vote of the association, the two offices will be held by one and the same person.

Motion carried.

Moved, that the fourth section of the report be received as information.

Amended by Dr. Tripp, that the House endorse the fourth section of the report of the Councilors.

Motion carried.

The fifth section received as information.

Sixth section read.

Dr. M. J. Elliott: I hardly consider that fair, because many men might not care to associate themselves with the association.

Motion seconded, that sixth section be adopted.

Dr. Dwight: This is a very important matter. The Council realized how far-reaching it is; but, at the same time, the Council wanted to bring this matter squarely before the association, to be settled one way or the other. We should know who are ethical practitioners and who are not. Just to show you how important this matter is—for it to be settled by the association—it was brought to the notice of the Council that numbers of members of county associations were making examinations for life insurance for less than the prescribed fee. We should know where we stand. It is a very disagreeable thing to have a man, a gentleman, that we know in every sense of the word, who is well educated in medicine, passed the State Board, and yet is not a member of the State Association. It looks very hard, when these men ask us to go with them in consultation, not to go. At the same time, we have to draw the line somewhere, and it is for this association to decide where it will draw the line.

Dr. Pressly: What is a gentleman? Answer: "A member of the South Carolina Medical Association." "What is not a gentleman?" Answer: "A man who is not a member of the South Carolina Medical Association."

We cannot afford to go on record as endorsing that. A man is a gentleman who will do his neighbor no wrong, and who will ne'er a slanderous tale repeat. There are in every county men who, in every sense, are gentlemen, who, in their relations to the public and to the profession are gentlemen, and yet who do not care to ally themselves with the association. Why, I do not know. It does seem we cannot afford to put those men outside the pale.

Dr. Robert Wilson: I arise to a point of privilege. The gentleman misunderstood the reading of the report. I did not understand that we said a man who did not belong to the association was not a gentleman. We did not mean to imply that, at all. We merely used the word "unethical."

Dr. J. T. Taylor: I acknowledge his definition of a gentleman is a first-class one, but I am afraid that that is not quite the point that we are aiming at. We must go back a little further, to get at the root of the thing. For instance, we know that in this State there are men who are practicing medicine illegally; that those men consult with, supposedly, ethical doctors. For instance, there will be an illegal practitioner way out in the country from Columbia; he is certainly not a member of his county association, and he calls in consultation some physician from Columbia. The physicians in Columbia do not know every man in South Carolina who is legally entitled to practice medicine. He goes out there and consults with that man. As soon as that is done, that man, in that community, immediately is put upon a good footing with the laity in that community. He has friends who say, "There is no doubt that these men who belong to this association are jealous of what he is doing, but he wants a consultation; these

men come here, and do the work with him; so he is all right."

There is only one way in which we can find out who are entitled to practice medicine in this State and who are not, and that is, the members of this association should have, from time to time, published a list of the members in THE JOURNAL. A man can refer to that list and find out in five minutes whether that man is entitled to receive consultation with him or not.

We did not propose this recommendation with a view to hurting any one. In fact, we do not know that it will hurt any one, but there is one thing sure, that if we, as an association, are going to amount to anything, or do amount to anything, and being the only association of that kind in this State, that we should certainly want to amount to enough for every eligible practitioner in the State to be a member. Then, there is one other thing: There is certain work that we have to do, as we have shown by our reports today, in the public policy, etc., of the State. It should be the object of the body to make those recommendations for the health of the State. We have to have numerical strength, and it is only by numerical strength, and proper co-operation of the members of the body, that such things can be accomplished. It was only for that purpose that his has been proposed. There might be some isolated instance of where there is some old practitioner, who has served for a number of years, who is not entitled to membership in this society; but it does seem to me that each county society should take that matter up, as I have been told has been done in Greenville, in one or two instances. It is very simple and very easy to be done. I know that I never—and I doubt if you have—had any one who is a member of this association to give you any good, logical reason why he is not a member of this association.

Dr. Earle: Mr. President, I hope that this recommendation of the Council will not be passed, and I must think that possibly some members of the Council have not given thought as to how this will appear to the public at large.

The argument that Dr. Taylor raises is certainly well founded, but our influence in the State of South Carolina is dependent upon our growing, by proper methods, and not by a system of blackmail, and that seems to me to be the method that our Council would recommend that this association adopt this morning—that we institute a system of blackmail against any man who is not a member of this association.

I agree with Dr. Taylor, that it is to the interest of every individual practitioner in South Carolina to become a member, but if they do not wish to become so we should not make it compulsory. It should be a privilege to be a member of the State Association, and we should not try to force men into it. We would have criticisms made over the State at large. Why, frankly, if I were a member of the State legislative body, and a recommendation should come from a body of men who have been given honor and power in the State, and they should resort to the type that trade unions have, I would do my best to kill that measure, and I think a member of the State Legislature of South Carolina would look on it that way.

In Greenville we have been very glad to pay the dues of some one or two old members, and I am sure we shall continue to do that. (One, unfortunately, is dead.) But there are other members there who do not care to join the county society. Some have practiced for forty or fifty years. Shall we say they are unethical because they do not care to join our body? I do not believe the House will take any such action, and I hope that section of the report will not be adopted.

Dr. Lester: Aren't there some recommendations in regard to members of the

society consulting with a nonmember incorporated in the Constitution and By-Laws of the American Medical Association, under which we work?

The President: I am not familiar enough with the Constitution of the American Medical Association to answer the question.

Dr. Lester: It strikes me much could be said on both sides. I know of isolated instances where it would work a great hardship, not only on the doctor, who is just as much of a gentleman as any of us, but on his patient, if he could not have gotten some one to consult with him and help him. It is true, those cases are isolated, and Dr. Taylor's argument is based on good reason, yet I do not think we should pass such a recommendation without some modification. For instance, I can recall a case of an old practitioner, who has been practicing medicine for forty years or more. No man stands higher in his community than he does, as an upright, honorable, hard-working, conscientious physician. He is the only physician in his immediate neighborhood. It is a very isolated part of the State; no railroads right near it. It would be out of the question for him to attend any meetings of any medical societies, and yet that man sometimes has desperate cases of illness to handle, and wants help. I can readily see why he should not connect himself with a society—a man of large family, doing a country practice, and the difficulty of his attending his society meetings so great that he never would do it unless he happened to be in that town at the hour the society was meeting, and yet, if he was living convenient to a society, I am sure he would be delighted to take part in it; and it would be a great hardship for that man to get help, at times, and I think, as Dr. Earle said, that we would not be upheld by the public at large by adopting a ruling of that kind. If there could be some way in which a legitimate practitioner could be allowed to consult under those circumstances with a man who does not happen to be a member of the society, I would be in favor of it, because there are members in towns who are not members of the society.

Dr. Burdell: It seems to me we should not make the test for a man being ethical to be his membership in a society. We have unethical men in the society, as well as outside, and I think the whole thing is whether a man is ethical or not, and not whether he is a member of the society. We know who are, and who are not, ethical in our neighborhood, and I think it would be a test of our being ethical as to whether we should consult with men who are notoriously unethical, and I will favor a resolution of that kind.

Dr. Elliott: You can readily see, if that resolution is adopted, as it stands now, it will have the effect of antagonizing men who, at some time or another, might become members of the association, and it seems that it should be altered or corrected so as to debar men who are not legally entitled to practice medicine and who are unethical in some way.

Dr. Tripp: I want to endorse the spirit of the Council in making this recommendation, but would it be ethical for the South Carolina Medical Association, as a body, to force outside members to become members? Or, in other words, when I meet a brother who is not a member of the South Carolina Association, I feel sorry for that poor, benighted soul; I don't want to slap his face and tell him, "No, I can't consult with you." I would rather tell him why he should become a member; and he would never become a member if we put into effect such a resolution. I occasionally do consult with people who are not members of the association. Recently I was called in consultation with a physician who has been practicing for many years. I asked him, "Why don't you become a member of the county society?" And he said,

"Well, I have attended the Greenville society for three years, and could never find a meeting. Another gentleman said he had attended the Anderson society for four years, and there had never been a meeting.

Motion to strike out the sixth section of report by Council. Seconded by several, and carried.

Report of Councilor of First District:

The Councilor of the First District reports that all of the county societies of the First District are organized and are doing their usual work. Beaufort county, especially, has taken an added interest and enthusiasm, and now has a membership larger than ever before.

J. T. Taylor,
Councilor First District.

Received as information.

Report of Councilor Second District:

I am glad to report that each county in the Second District has a live society except Orangeburg and Calhoun, which have a joint society.

We have a district association, which meets semiannually and which is fairly well attended.

Owing to the train schedules, lack of good roads, etc., the Lexington County Society desires a rearrangement of the second and eighth districts, in the following manner: Lexington, Saluda, Edgefield and Aiken counties in one, and Calhoun, Orangeburg, Bamberg, Barnwell and Hampton in the other.

Respectfully submitted,
W. P. Timmerman,
Councilor Second District.

The President: As to the recommendation of change in the districts, that will be brought before the Board of Councilors.

Report received as information.

Report of Councilor Third District:

I beg herewith to submit my report as Councilor of the Third District.

I have visited the counties of Laurens, Greenwood and Abbeville.

The Laurens County Society is well organized, their meetings are well attended, and they are doing good work. One plan they have which adds much to their meetings, and increases their attendance, is to invite each month some one from without the county to meet with them and read a paper or deliver an address.

I would recommend this plan to other societies.

Laurens has a city hospital, and the members of the society give it their individual support.

Greenwood also has a splendid hospital, which is being well patronized by the public, who are fast beginning to appreciate the advantages of hospital care of the sick, in medical as well as surgical cases.

I make the suggestion that there should be a well equipped hospital in every county in the State; the physicians would find the practice of medicine much more agreeable and satisfactory, and I believe many lives would be saved, while the sick would be made more comfortable.

The Greenwood society is working along the line of research work; their meetings are well attended, and the profession in that county is in good condition.

The Abbeville County Society held a "606" meeting on August 4, 1911. They had with them Dr. E. G. Ballinger, of Atlanta, and Dr. C. W. Barron, of Columbia. These gentlemen made very interesting talks on this new remedy, and the subject was freely discussed by all present. The Abbeville meetings have not been as well attended as they should, but this county has now adopted the plan of meeting around in the county—that is, at the different towns—and hope to arouse more interest by doing this.

I have not visted Newberry. I wrote

the secretary, asking the time of their regular meeting, but received no reply to this inquiry.

I have had one case of physician practicing without license reported to me. I advised that the matter be brought up through the county society. I heard nothing more from the case.

I wish to say that in dealing with unlicensed practitioners there is hardly any use to bring a prosecution in the courts and bring the offender before a jury, because the jury invariably acquits.

But in Abbeville we have tried the injunction, and it works most effectually. All you have to do is to present sufficient evidence before some Judge that the party is violating the law, and the Judge who looks simply into the law of the case and not like a jury, who is influenced by sentiment (?) and the cry of persecution, will grant the injunction, and if the injunction is violated he will be brought before the same Judge for punishment.

I would suggest that the injunction method be tried whenever it is necessary to handle these cases.

Respectfully,

G. A. Neuffer,
Councilor Third District.

Report received as information.

Dr. Tripp: Mr. Chairman, the Committee on Credentials wish to report that Williamsburg county is not here, nor the alternate, but Dr. Taylor, at the last hour, stated that neither could come; so I recommend that Dr. E. O. Taylor be seated as a delegate from Williamsburg county.

Motion carried.

Report of Councilor Fourth District:

I present to you my third and last report as Councilor of the Fourth District.

Since the last meeting my district has been moving along smoothly, the profession holding and working together fairly well, and for this reason I have not visited any of the component county associations in an official capacity this year, not wishing to put the State Association to an unnecessary expense.

The combined membership in my district a year ago was 186. The combined present membership is 194, a gain in membership of eight, which, of course, shows a healthy condition, and harmony seems to prevail generally now.

I advise to report that last August it was brought to my official notice that one S. Cleveland Moore was practicing without a license at Tucapau, in my own county. This notice was brought to my attention both by prominent members of the laity and the physicians of that section. In recognizing the matter the first thing I did was to write to the secretary of the State Board of Medical Examiners if Mr. Moore had any license. Receiving an answer in the negative, I informed him he would have to comply with the law or cease practicing. In a few days he informed me he had a temporary license from the State Board. On account of a correspondence with Dr. Robert Wilson, of Charleston, and Dr. Hardin, of Atlanta, Ga., and an affidavit of alleged illness at the time of the regular meeting of the State Board, I felt that the temporary license was obtained largely by fraud and should be revoked (it having been granted by the secretary, Dr. Boozer, alone.) Consequently I appealed to the chairman of the board to call a meeting of the board to hear the whole matter, which was done. The board, however, sustained the action of the secretary, and the man continued on in his work. Which suggests to me that it might not be out of place for this house of delegates and the association to request the State Board of Medical Examiners not to be too hasty in granting temporary licenses, and that the member of examiners and councilors in whose jurisdiction the licentiate resides

be consulted before a temporary license be granted.

All of which is respectfully submitted.

J. F. Williams,
Councilor Fourth District.

Report received as information.

Dr. Napier: As chairman of the Board of Examiners I would like to make a statement. I called a meeting of the board to see if it was necessary to take this temporary license away from this young man. After hearing both sides, the board did not see where it could take any steps at all. The temporary license had been regularly granted to him. We did use more caution than the doctor thinks, but he did not produce any testimony that we could act upon.

Fifth District. No report.

Dr. Pressly: Mr. Chairman, I want to move that a committee be appointed to draw up some resolutions to be presented to Dr. Walker. He needs our sympathy. His thigh was fractured in November. He is in Baltimore now and may have to undergo an operation of the hip joint before he returns. His wife died on last Sunday morning. I move that a committee of three be appointed to draw up resolutions of sympathy to Dr. Walker, the committee to report back before the closing session of this house.

Motion carried.

Committee as follows:

Dr. Timmerman: I also read of a bereavement in the family of Dr. Cheyne. I move that resolutions be drawn up by a committee to be presented to Dr. Cheyne.

Motion carried.

Committee as follows:

Report of Councilor of Sixth District:

(Read by secretary, Dr. Faison being absent.)

As Councilor of the Sixth District will submit my report in writing, being unable to attend meeting on account of personal injuries recently sustained.

When elected Councilor I made firm resolutions to discharge my duty faithfully, but I feel I have been an unprofitable servant, though not unfaithful, because circumstances not under my control have tied by hands, the irregularity of the County Medical Society meetings have hindered my work.

I have visited several societies under my jurisdiction and have found them in harmony and good working order.

Two irregular practitioners have been reported to me, and I investigated same; the one from Florence county I found legally entitled to practice medicine. Charges were preferred against the one from Chesterfield county, but the charges were withdrawn the next day, before I had time to look into the case, and have heard no further complaint.

The only Councilors' meeting of which I had notice I attended in Columbia.

Respectfully submitted,

J. A. Faison,
Councilor Sixth District.

Received as information.

Report of Councilor of Seventh District:

All of our county societies are organized and interest and work in districts are about normal. Membership about holding its own.

We regret very much that our Seventh District Association should have fallen into oblivion, but the Constitution provides that the president, vice president and secretary only had power to appoint time and place of meeting, and we are at a loss to know why meetings have not been held. I wish to thank the association for the honors conferred upon me and wish that the association fully realize that it is not for lack of interest, but purely on account of my inability to do my duty as I wish, that I hereby tender my resignation to take effect at this meeting.

Respectfully submitted,

F. M. Dwight,
Councilor Seventh District.

Received as information.

Report of Councilor of Eighth District:

Your Councilor of the Eighth District begs to report that during the past year he has been suffering from a severe injury, the result of an accident, and has not been able to carry out his duties as fully as he would like to have done, and hopes, in consideration of this fact, that you will bear with any shortcomings on his part.

Since the formation of the Eighth District two new counties have been added to it, namely, Hampton and Saluda counties. In the first named county no organization has existed for several years past, and although I made strenuous efforts by writing personal letters to many of the profession in the county, and appointed a day to meet them at Brunson, I was met only by one faithful physician, who has the true interest of his profession at heart. I fear there is very little interest among the profession in this county and that it will be hard to keep an organization alive.

After I was well enough to attend to my duties as Councilor I made an effort to get the Saluda County Medical Society together, but on account of the bad weather and awful roads over which many of the members had to come I failed to get a meeting. This society, although small, stick together and try to do their duty, so they are organized.

Edgefield county is well organized and meets regularly every three months, and can be counted on to keep in line and in touch with the rest of the State.

I found Barnwell county much demoralized and feeling offended that they were dropped from the list of organized societies. I met them at Allendale, where they had a fine attendance of about twenty members. They reorganized and paid in their full dues.

My own county, Aiken, has always kept in line and has a good membership thoroughly in sympathy with our State society and JOURNAL.

T. G. CROFT,
Councilor Eighth District.

Received as information.

Charleston, S. C., April 10, 1912.

To the Officers and Members of the South Carolina Medical Association:

GENTLEMEN: The delegates to the meeting of the American Medical Association beg leave to submit the following report of their stewardship:

We were present at the meeting held at Los Angeles, California, from June 26 to June 30, 1911, and attended every meeting of the House of Delegates. The meeting was opened with an address by President Welch. In his address the president spoke of the powers and responsibilities entrusted to the House of Delegates, and said that too much emphasis could not be laid on the duty of the constituent associations to select as their representatives the best men available for the purpose, and such men should be willing to take their turn in serving in this capacity.

There were only two new topics touched on by the president. The first was the appointing of a committee of the Americal Medical Association to consult and advise with a committee from the American Red Cross as to the best arrangement to be made for medical relief in case of disaster. The president was authorized to appoint a committee for the purpose, as above stated, to report at this next coming meeting. The other suggestion was in connection with the proposed celebration of the building of the Panama Canal, in 1915, when there should be a suitable commemoration of the greatest triumph in modern times, in the domain of preventive medicine. A committee of seven was appointed to consider the best mode of commemorating the sanitary work and

achievements of this wonderful construction, and the Board of Trustees was requested to make the necessary appropriation of funds to meet the wants of this committee.

After the president's address the reports of the various committees and boards were read and discussed. They are too numerous and too diffuse to take up in detail, and we must refer you to the minutes published in THE JOURNAL for the action of these various bodies.

The two journals, "Archives of Internal Medicine" and "The Journal of Diseases of Children," have met with phenomenal success and will be continued. "The Archives of Surgery" has not yet been published, but the first number will soon be issued.

The Board of Trustees then took up the discussion upon membership of the association—shall membership in this association be extended so as to include all those who are in good standing in a component society? What regulations governing membership shall this association adopt? As this was one of the most important issues before the House of Delegates, it was postponed for future discussion.

On the fourth day of the meeting, on the motion of Dr. Roberts, of Pennsylvania, the House of Delegates went into a committee of the whole for the purpose of discussing this subject. When the committee arose it reported to the house, recommending that it appoint a committee of five, from its own membership, who shall formulate definite amendments to the Constitution and By-Laws on the advice of the Council, and on their approval by the Board of Trustees shall submit them, together with a discussion of this question today and other data that they may deem necessary to make the question clear to the constituent associations, and offer them to the general membership.. This was adopted and the matter rested here.

On the last meeting the following officers for the ensuing year were elected:

President—Abram Jacobi, of New York.

Vice President—Dr. Walter J. Barlow, Los Angeles.

Second Vice President—Dr. F. W. McRae, Atlanta.

Third Vice President—Dr. W. R. Tipton, Las Vegas, N. M.

Fourth Vice President—Dr. A. L. Wright, Carroll, Iowa.

Secretary—Dr. Alexander R. Craig, Chicago, Ill.

Treasurer—Dr. William A. Pusey, Chicago, Ill.

Trustees—Dr. Philip Marvel, Dr. Philip M. Jones, Dr. W. T. Sarles.

Mr. Harold J. Stiles, of Edinburg, Scotland, from the Section on Surgery, was elected to honorary membership.

A vote of thanks for the magnificent and generous entertainment given the association by the city of Los Angeles was unanimously passed. She was styled the Queen of Hostesses among American cities, and certainly has no fear of ever being called on to defend that title. Motion of appreciation of the great services to the American Medical Association of Dr. George H. Simons, whose ability as an executive officer has done so much to bring the detail work of the association to such a high state of efficiency, was unanimously passed.

Atlantic City was selected as the next place of meeting for the association, and then the House of Delegates adjourned *sine die.*

Respectfully submitted,

I. L. DAWSON,
E. A. HINES,
Delegates.

Received as information.

Dr. Hines: I feel that I should, just for a moment, take your time to speak of a great honor which was conferred upon me, as your secretary, and as your representative, I take it. I was elected as tem-

porary president, or chairman, to preside over the meeting of the Association of Secretaries and Editors of the United States, and I believe that, though it added many gray hairs to my head, it was an honor that I never dreamed would come my way. I had never joined this particular organization. It was my first visit to it, and to have some one in the audience arise and say that, at the last moment, the president of the meeting had been detained, and to have me elected to preside over this banquet, etc., I take it was an honor not so much due to me, personally, but to the fact that I represented this association. It was the greatest surprise that I have ever had. The only way I can account for it is that possibly some of my work for you has been recognized outside of the State of South Carolina, and I believe that, representing one of the oldest organizations in the United States, put me in this position,—and I trust I represented you creditably.

(Applause.)

Report of Committee on Necrology—No report.

Report State Board of Health:

Columbia, S. C., April 16, 1912.

Mr. President and Members of the House of Delegates, South Carolina Medical Association:

GENTLEMEN: I have the honor to present the annual report of the Executive Committee of the State Board of Health.

The position of State Health Officer, made vacant by the resignation of Dr. C. F. Williams, was filled by the election of Dr. James A. Hayne, of United States Army Service, and formerly a member of this board. Dr. Hayne's experience in Panama has enabled him to take up the work with an intelligent grasp.

An important and difficult problem, which has engaged the attention of the board for several years, is the collection of vital statistics. The indifference of the profession, shown by the failure to co-operate with the board, can be explained only by a lack of understanding of the importance of accurate records. Once more we beg you to aid us by returning promptly the cards issued by the health officer, which would entail a minimum of inconvenience and trouble.

We have no widespread epidemic to report. Smallpox still prevails in the following counties: Anderson, Bamberg, Barnwell, Dillon, Fairfield, Florence, Georgetown, Hampton, Jasper, Kershaw, Lexington, Mullins, Orangeburg, Sumter and York, including in all not more than six hundred (600) cases.

In addition to the free distribution of diphtheria antitoxin, the board has undertaken the free distribution of typhoid vaccine for the prophylaxsis of typhoid fever, the vaccine being manufactured in our laboratory. This venture has met with encouraging success, the director of the laboratory reporting that he distributed between August 16th, when the work was begun, to the end of the year three thousand five hundred and fifty (3,550) immunizing doses.

The publication of the monthly bulletins has been discontinued on account of insufficient funds, the expenses of maintaining the office having increased considerably. We hope, however, to be able to issue these publications quarterly, realizing the enormous educational value which they possess. Since the last meeting of the association the Executive Committee has visited and inspected the State Penitentiary a second time, and we wish to reiterate and to emphasize the opinion expressed in our original report of the unsanitary condition, especially of the woman's building, and the baneful influence of the hosiery mill upon the health of those employed in it, which can only be overcome by the entire rebuilding of the former and the abolition of the latter. We wish to say, however, that the authorities have endeavored to carry

out, in part, other recommendations made in our report.

The director of the laboratory reports that he has made in all, during the year 1911, three thousand eight hundred fifty-nine (3,859) examinations. In the Pasteur Department he reports one hundred fourteen (114) patients treated, with only one death.

The General Assembly at the last session passed an Act to authorize the Executive Committee of the State Board of Health to adopt, promulgate and enforce rules and regulations for the betterment and protection of the public health of the State of South Carolina. This Act is of enormous importance and gives the Executive Committee greatly increased power to effect sanitary improvements throughout the State.

We have lost one member during the past year, Dr. H. T. Hall, of Aiken, who was compelled to withdraw from the service on account of his health. The vacancy thus created has been filled by the election of Dr. D. B. Frontis, of Ridge Spring. Dr. Frontis has not been able to participate in our deliberations as yet, owing to some delay in obtaining his commission.

The State Health Officer is carrying on the educational work begun by his predecessor, and is giving weekly lectures on Public Health and Sanitation at the State University.

Respectfully,

ROBERT WILSON, JR.,

Chairman Executive Committee State Board of Health.

Received as information.

Report Sims Memorial Committee—No report.

Report of Committee on Study and Prevention of Tuberculosis. (This committee was not appointed last year; therefore, there was no committee.

Moved, by Dr. Timmerman, that this committee be appointed by the present president for the coming year. Motion carried.

Report of the Committee to Collect and Preserve the Records:

Dr. Hines: This committee did me the honor to make me chairman last year. The committee was appointed last year. After getting hold of THE JOURNAL, I published an editorial calling particular attention to the matter, and while the committee has, practically, done nothing but that, in response to this editorial I received this very important letter:

Charleston, S. C., March 8, 1912.

Dr. E. A. Hines, Seneca, S. C.

DEAR DOCTOR: As I see an effort being made to collect the records of the association, I will say that I have a copy of the minutes (bound) from its incipiency in 1848 to 1854. This is an extremely valuable book and I would be glad to present it to the association for any library that will preserve all the records, or do with as seems fit. I have also almost complete files of the transactions from the time I was secretary, in 1884 or 1885, until now, which they would be equally welcome to.

Yours truly,

W. PEYRE PORCHER, M. D.

That is the only communication that we have received, and that is practically all that we have done. We are feeling our way. I want to say this, though: That four or five months ago I received an urgent telegram from the State Board of Health of Kentucky to send them the copies of THE JOURNAL containing our original papers on pellagra, in 1908. The association does not own anything of this sort, so I loaned them from my personal library.

Another request from Alabama for papers on Medical Inspection of Public Schools, which I furnished from my private library.

And I have been able to save our reputation abroad by my private library, so

far, but it has not gone very far, and that reputation could not be sustained long.

So I request that you all assist the committee to gather our records and put them in a place available to the world.

The President: You have heard the report of the secretary, followed by the motion that this committee be continued.

It is ordered that the committee be continued.

The President: For the secretary, and the house generally, I would like to say that I have a large number of back numbers of THE JOURNAL, collected from the time THE JOURNAL was started until the time that I gave up the editorship of the same. I have never been able to find any one who has succeeded me who wanted to take charge and store this pile of JOURNALS—some two or three thousand of them. I have tried to get rid of them before, and have never succeeded, and I would be delighted now to turn them over to some one who would keep them.

NEW BUSINESS.

Dr. Tripp: Mr. President, under this head, I was requested by a number of physicians, who have met and who have organized, composed of Greenville and Anderson county physicians, most of whom are not members of any county society, and geographically arranged—the way they are situated—it is very inconvenient for them to belong to a county society. It is on the line between Greenville and Anderson counties, comprises the cotton mill towns of Williamston, Anderson, Piedmont and Fork Shoals. It does not suit them to belong to their county society, and they asked Dr. Carpenter and myself to present it to the association, if they could get any help for it, or be recognized by it. They have had meetings and have their by-laws drawn up. They asked me to bring it up. Complying with their request, I have done so.

The President: It seems that that should be referred to the councilors for recommendation, and, if there is no objection, the chair will order the matter to be referred to the Board of Councilors, with instructions to report back to the house for instructions as to what shall be done under the circumstances.

The President: Under the head of "New Business" is a resolution offered by Dr. Dwight at the last session: To provide that ex-presidents of this association be members at large of the House of Delegates for life.

Dr. Dwight: I hope this amendment will go through. It seems to be perfectly reasonable, and it appears to be for the good of the medical profession in the State, and I see no possible objection to it, except some may say that it gives a life tenure of office, which, in a general way, I am opposed to, but not in this instance. The only other possible objection that I see to this is in adding more members to the House of Delegates, that, to some, appears too voluminous now. But I do not think that that would hold water, because I do not think our body is too large, and our State Board of Medical Examiners and our State Board of Health are really not officers of our association, but they are State officers, and I am sure no one has ever objected to their being members of the House of Delegates. So I hope that this proposed amendment, which seems for the good of the medical profession at large, will go through.

Dr. Timmerman: Mr. President, some people who, unfortunately, do not hold office in this association, imagine it is something very powerful, and I think it would be wise to let it stay like it is. I am opposed to the ex-presidents being members of the House of Delegates, unless they are sent as delegates from their medical societies. I think that this injects politics into the association, which we have worked so hard to keep out. I represent a county medical society which

has about fifteen members. I think the house would soon be unwieldy, as we turn out an ex-president every year, and they live indefinitely; so I am opposed to ex-presidents being members of the House of Delegates.

Motion tabled.

Miscellaneous Business.

Dr. J. A. Taylor: Dr. Dwight will entertain some action as to physicians being required to take out a license for each of the companies for which he is an examiner.

The President: Will you put that before the house?

Dr. Taylor: I move that the chair appoint a committee of three to confer with the Commissioner of Insurance for South Carolina, as to the legality of this action, and to report back to this house at this session.

Motion carried.

President appoints the following to serve on that committee:

Dr. Pressly: Mr. President, the committee representing Dr. Walker is ready to report.

Whereas, The South Carolina Medical Association has heard with deep regret of the accident to Dr. Walker and of his recent bereavement; therefore, resolved:

1st. That the association receives with appreciation and records with pride your faithful service to the association and the profession.

2d. That we formally express our regrets at the accident that has deprived the profession and the association of your services, and earnestly hope that you will be at an early day restored to your accustomed health and to your place in the profession.

3d. That we deeply sympathize with you in your bereavement, and commend to you the thought—that "He who hears the raven's cry and decks the lily fair with flowery pride" will not be unmindful of the distress of his children, and to Him and His comfort we commend you.

4th. That a copy of these resolutions be sent by the secretary to Dr. M. J. Walker, Union Protestant Infirmary, Baltimore, Md.

E. W. Pressly,
H. L. Shaw,
W. J. Burdell.

Report adopted.

The committee appointed by Dr. Jervey to confer with the Insurance Commissioner, as follows: Doctors Lester, Tripp and Stribling.

Dr. Tripp: The Saluda county representative is present and states that this county has paid its dues, and I move that it be reinstated.

Motion carried.

Upon motion of Dr. Earle, the house took a recess until 3:30 p. m.

Tuesday Afternoon.

The president in the chair.

Chairman Committee on Credentials reports further that Greenwood has nineteen members and has two delegates present. The chair rules that Greenwood is only entitled to one.

Committee appointed to draw up resolutions to be forwarded to Dr. Cheyne reports as follows:

Whereas, The members of the South Carolina Medical Association have heard, with deep regret, the sad news of the affliction recently suffered by Dr. Walter Cheyne, a member of this body;

And whereas, The aforesaid members are at all times cognizant of the arduous and noble labors of Dr. Cheyne in behalf of this association, which labors are largely responsible for the present success and prestige; therefore, be it

Resolved, That the South Carolina Medical Association hereby extends to Dr. Walter Cheyne this united expression of sympathy for him in his time of distress and its assurances of personal and fraternal esteem.

Resolved, further, That copies of these resolutions be sent to Dr. Cheyne, be spread on the minutes of the association, and receive appropriate publicity.

W. P. Timmerman,
D. A. Coward,
F. M. Dwight.

Report adopted.

Dr. Timmerman: I would like to bring up a matter of rearranging the counties of the second and eighth districts.

The President: It is a question to be brought up before the Council for consideration.

Dr. Timmerman: It affects only those particular districts, and none of the councilors express any objection. I simply suggest it, because I think it is for the good of the two particular districts. I move that the counties of Lexington, Saluda, Edgefield and Aiken comprise one district, and that the others of the second and eighth districts be in their regular order. I do this because of the fact that the train schedules and the roads make it too inconvenient for the doctors of Lexington county, Bamberg and Orangeburg, and makes it equally inconvenient for them to come to Orangeburg.

Dr. Taylor: Mr. Chairman, before this body goes into the change of these districts we should take into consideration a comparison of the schedules and accessibility of these places, in connection with the residence of the councilors who represent those districts.

Dr. Timmerman: The councilors will make no difference, because, as I understand it, my successor, and possibly Dr. Croft's too, will be elected at this time.

I wish to ask that Lexington, Saluda, Edgefield and Aiken counties be in one district, and Bamberg, Orangeburg, Calhoun, Barnwell and Hampton be placed in the other. Those comprise the second and eighth districts now.

Dr. Croft: I am councilor for the eighth district, but my term ends at the present session, and, therefore, I have no right to express my wishes in the matter. If it is more convenient for Orangeburg, Bamberg, Hampton and Lexington, I would not be in that circuit, and, therefore, would not express any opinion in regard to that.

The President: It seems that the members of those counties should be consulted in the matter. Have you done so?

Dr. Timmerman: I have with some, but not with all.

Motion carried.

Dr. Carroll: Under the head of "New Business" I would like to ask, for information, whether the invited guests of the occasion—the gentlemen who come from the North to deliver their addresses before this association—if their expenses are to be paid by the association or by the local committees?

The President: The chair will state it is his understanding that the expenses of one of our guests, while in the city, will be borne by the association, and that of the other by private individuals.

Dr. Lester: Your committee interviewed the Insurance Commissioner, in regard to imposing a license upon each examiner for each company for which he examines, to find out upon what authority that license is based, and we are informed that upon Section 25 of an Act of February 24, 1908, by the State Legislature, that—

"All persons acting as agent for any insurance company shall be licensed in accordance with Section 16 of this Act, and shall be subject to the provisions thereof."

Section 16 refers to a former Act of the legislature, passed in 1883. I asked the Insurance Commissioner who interpreted the meaning of an agent for an insurance company—whether it was the Attorney General's ruling on it? He said, yes, that he asked the Attorney General for his opinion, and at first he hesitated, after looking into the subject

he ruled that the medical examiner is an agent of the company; therefore, there was nothing left for him to do but to impose this license of 50 cents per year per company. He, furthermore, told us he could not issue a medical examiner a license without being officially notified by the company for whom he examines of his appointment. For instance, if I should go down and tell him that I am commissioned to examine for such and such company, and wanted to get a license, and pay him 50 cents, he could not issue that license under those conditions. He would have to get official notification from the company. It was the sense of the committee that we might make this recommendation to the House of Delegates: That we all notify the companies for which we examine of this law, and, furthermore, that we make no more examinations for them unless they officially notify the Insurance Commissioner of our appointment, and also pay the license fee of 50 cents.

I think that is about the only report that we have to make—the company pays the license instead of the physician.

Dr. Tripp: The commissioner also stated a number of companies had already paid the commissioner the license for their examiners, and the idea was to let it get out that South Carolina demanded that of the companies—to pay the license.

The President: Do you wish to offer any resolution in regard to this, Dr. Lester?

Dr. Lester: No, sir; my understanding was we were to see the Insurance Commissioner in regard to this thing, and I think the companies should pay the license.

Dr. Carroll: It seems to me that that is a very fair solution of the matter, for in small places some of us examine for eight or ten companies, and do not get an examination a year out of the companies, and I will make that in the form of a motion—that the companies be notified and requested to pay this fee of the examiners.

The President: That the companies be notified by whom?

Dr. Carroll: By the secretary of this association, I presume, if it is adopted by the House of Delegates.

The President: The secretary has no way of getting a list of the numerous insurance companies represented by the medical examiners all over the State.

Dr. Carroll: We have all received notices from the companies that we are to pay this fee, and if it is adopted each man could simply notify the companies he is examining for.

Dr. Taylor: I move that the report be received as information.

Dr. Tripp: I will amend that by saying that it is the sense of the society that the various life insurance companies pay the State license tax for their examiners.

Dr. ——: I move that we just notify the companies of this resolution, whose names we will find in the Insurance Commissioner's report—all those doing business in this State.

Dr. Timmerman: We have had quite a tilt with these insurance companies, and all came across but one—the New York Life. I think it would be unwise to pass any resolution you are not going to enforce.

Dr. ——: I am not in favor of any motion at all.

Dr. Taylor: I move to table the motion.

Dr. Timmerman: It is a misdemeanor, and $100 fine to examine without this license.

Dr. Earle: It is no use to notify the companies doing business in this State, because they have all been notified. It seems to me it is a matter with each examiner, whether he considers it dignified to pay 50 cents for the privilege of examining for any company. The same thing came up in regard to the agents, and they are all paying the tax.

Dr. Taylor's motion to table the motion carried.

Dr. Taylor: I move that the report be received as information.

Motion carried.

The President: The chair would like to draw attention to the Sims Memorial Committee business. It seems that no member of that committee is present to make a report, and the understanding is that this committee has been waiting for some time to get action by the State Legislature, which has made an appropriation in part for the erection of a monument to Marion Sims. It seems strange that while the warriors of bloody battlefields are recognized and made immortal by shafts and monuments, that the warriors in the field of saving life and health have been so cruelly ignored. I remember, while a student in New York, sitting under the shadow of what I believed to have been the only marble monument to a medical man in this country, and I thought it strange at that time that foreigners—or, at least, men of little kin to us—should have memorialized that member of our profession. That monument is a monument to our own Marion Sims—a modest one, but one well known to the profession of this country, and was, I think, the first monument ever reared to a medical man in the United States; but it seems to me something more fitting should be done by us, who should be expected to reverence the memory of this great man; and while we can take no action here in regard to raising these funds, still it does seem as though the matter should be brought before the profession at large, and I would be glad to entertain a motion that a committee be appointed, that the matter may be presented to the general session at large tomorrow—the matter of raising the sum necessary for the erection of a monument to our medical heroes. I would ask that a motion be made that such a committee be appointed.

Dr. ——: The legislature has appropriated $5,000, to be available when the association has raised a like sum, and a certain number have been diligent in their work, and they have accomplished a great deal, and we will have a report from them, I feel sure. Sumter county and other counties have raised their appropriation.

The President: The chair will state the suggestion was for the purpose of bringing the matter before the whole profession and providing for us ways and means to raise the balance of this fund.

Dr. Timmerman: I move that that committee be appointed.

Dr. Wilson: I wish, in seconding that motion, to endorse the remarks of the chair. I think it is a shame that we, of Dr. Sims' own household, have all these years neglected his memory. We have put up no monument in all these years to a man who has made South Carolina more glorious. We have had here a glorious medical history, if we only knew it, and no one among them all is more glorious than Marion Sims. I think every man in this association should exert himself to the utmost to see that this money is raised. It is not a very large sum, and it seems to me that a plan which has suggested itself to my mind might be feasible: That every member make such donation as his means will allow, and that among his patients he raise the same amount. In that way, by raising among ourselves $2,500, we would raise the $5,000, and I am sure we all would find among those we practice for public-spirited men and women enough to perpetuate the memory of not only Dr. Sims, but the medical profession throughout the South.

The President: All in favor of appointing a committee to bring this matter before the general session tomorrow signify it by saying, aye. All opposed, no.

Motion carried.

ELECTION OF OFFICERS.

President:

Dr. Chas. M. Rees nominated by Dr. Tripp. Seconded by Dr. Jervey, of Charleston.

Dr. A. B. Knowlton, of Columbia, nominated.

Dr. Lester: Without wishing to influence the voting on these nominations, it seems to me that there has been some rule passed, at some previous meeting, which rendered ineligible to an office any man who failed to be at the three last consecutive meetings of the association, and one who is absent at the meeting at which he is elected.

Dr. Taylor: The rule was that the nominee had to be at one of the two previous meetings.

Dr. Tripp: If it can be proven that the man I put in nomination ever has missed two consecutive meetings, I will withdraw the nomination.

Dr. Carroll: There seems to be no question as to the eligibility of either of the candidates nominated.

Dr. Lester: I wish to arise to a point of personal privilege. I am afraid Dr. Tripp misunderstood my asking for information. I wish to say that there is not a man in the association for whom I have a higher regard than my old friend, Charley Rees, but I wish to have this thing done orderly and legally. This association, at Laurens, made a resolution that no man could be elected who had not been elected by the Governor. (Laughter.)

The president reads the section of the By-Laws governing the matter.

Upon motion of Dr. Carroll, nominations closed and election gone into.

Tellers: Dr. R. G. Smith, F. Julian Carroll.

Dr. Rees, 22; Dr. Knowlton, 13. Dr. Rees elected.

First Vice President:

Dr. A. B. Knowlton nominated. Upon motion of Dr. Tripp nominations closed, and secretary requested to cast unanimous ballot for Dr. Knowlton.

Second Vice President:

Dr. D. M. Michaux, of Dillon, S. C., nominated, and secretary requested to cast unanimous ballot for Dr. Michaux for second vice president.

Third Vice President:

Dr. C. P. Aimar, of Charleston, nominated by Dr. Lester, and secretary requested to cast unanimous ballot for Dr. Aimar for third vice president.

Treasurer:

Upon motion of Dr. Tripp, the president was requested to cast unanimous ballot for Dr. Hines as secretary and treasurer.

Councilors.

Second District:

Dr. Croft: I do not understand whether—if Dr. Timmerman were elected he would be in the second or eighth district.

The President: By the resolution, recently adopted, that will put him in the eighth district. Therefore, Dr. Timmerman has legislated himself out of office.

Dr. Croft nominates Dr. Giles, of Blackville. Seconded by several, and secretary requested to cast unanimous ballot of the association for Dr. Giles as District Councilor of the Second District.

No. 4. (Position of councilor now being held by Dr. J. F. Williams.)

Dr. C. B. Earle, of Greenville, nominated for District No. 4.

Dr. Earle: Under the Constitution I am not eligible.

The President: The chair rules that Dr. Earle is eligible.

Nominations closed, and secretary instructed to cast unanimous ballot for Dr. Earle, of Greenville, as Councilor of the Fourth District.

Eighth District:

Dr. Croft nominates Dr. Price Timmerman.

Dr. Burdell nominates Dr. Croft.

Dr. Croft: I thank you, gentlemen, for your courtesy, but I have served for many years, and Dr. Timmerman is a younger man and would probably do better. I desire to beg you, gentlemen, to withdraw my name from nomination.

Dr. Burdell: I would like to insist upon Dr. Croft's staying upon the Council.

Dr. Croft: I would like to retire from the nomination. I have nominated Dr. Timmerman, and I cannot enter a race against my nominee, and would like to withdraw, anyway.

Dr. Burdell: Under the circumstances I withdraw the nomination of Dr. Croft.

Moved that nominations be closed.

The President: It seems that Dr. Croft will not accept a nomination, much to the regret, I am sure, of the House of Delegates.

(Applause.)

Nominations closed, and secretary requested to cast unanimous ballot for Dr. Timmerman as Councilor from the Eighth District.

Seventh District: Upon motion, Dr. Dwight's resignation as Councilor for the Seventh District accepted.

Dr. C. F. Williams nominated. Seconded by Dr. Coward.

Nominations closed, and unanimous ballot cast for Dr. C. F. Williams as Councilor of the Seventh District.

President reads resignation of Dr. J. T. Taylor as Councilor from the First District.

Dr. Coward: Some of us would like to hear Dr. Taylor's reasons.

Dr. Taylor: Mr. President, my reasons are these: The place in which I live is very inaccessible, and for me to do any work that a councilor should do it takes up too much of my time. For instance, to get to a meeting here last night at half past eight I had to leave home at half past six Sunday afternoon.

Dr. Taylor's resignation accepted.

Dr. Taylor nominates Dr. Elliott, of Beaufort, as Councilor from the First District.

Dr. Elliott: I thank you, Dr. Taylor, but I think that that position should be given to some one more deserving of the honor, and I beg that Dr. Taylor will withdraw my name.

Nominations closed, and secretary instructed to cast unanimous ballot for Dr. Elliott.

Medical Examiners:

The President: The time of Doctors Shaw, Wyman, Boozer and Napier expires at this meeting, and two resignations have taken place—Drs. Maybank and Dr. Bratton.

Dr. Williams: I move that the matter of filling the vacancies on the State Board of Health, and Examiners, be referred to the Councilors for suggestions.

Dr. Kinney: I offer an amendment to that motion, to the effect that the members whose time has expired be re-elected.

Dr. Napier: I have never missed a meeting in the sixteen years I have been on the board. Whether or not I have been proficient it is for you all to say, but I have done the best I could. I think you would make a mistake in leaving out Drs. Shaw, Wyman and Boozer. They have experience, and the longer a man serves on that body the better it is. You had better leave as many old men on the board as possible. So far as Drs. Shaw, Wyman and Boozer are concerned, I would like for you to re-elect them, and I would like to suggest a man as my successor—Dr. A. M. Brailsford.

I will have to ask you to excuse me from serving any longer, and I want to thank you for your kindness to me.

Dr. Kinney accepts Dr. Napier's amendment.

The President: I am sure I voice the sentiment of the association when I say I am sure we are all sorry that Dr. Napier will not accept re-election to a position he has filled so well.

The motion now before the house is that this house shall refer the nominations of the State Board of Health and State Board of Medical Examiners to the

Council, with the suggestion that the retiring members be re-elected, with the exception that Dr. Napier's place be filled by Dr. Brailsford.

Dr. Burdell: When is the Council to report—this afternoon, or to the General Association?

The President: They will have to report to the General Association, as I understand, because we will be adjourned.

Dr. Burdell: Do we not have to suggest them here in this House of Delegates, according to the Constitution?

The President: The chair would like to state, so far as he knows, that there is no reference to the State Board of Health or Examiners in the By-Laws. These are officers of the State, the commissions being issued by the Governor, upon recommendation of the State Association.

Dr. Napier: Might I suggest Dr. Maybank's and Dr. Bratton's successors. too?

The President: The Board of Councilors will suggest successors to the meeting tomorrow, along with the resolutions made by Dr. Kinney and yourself.

Dr. Jervey: I move to reconsider the motion which has just been passed, relative to referring the matter to the Council, to report back to the general session.

Dr. Stribling: I also move to reconsider the matter.

Motion carried.

Dr. Jervey: As this is only a suggestion coming from the Councilors to the House of Delegates, and that, in turn, suggesting to the association tomorrow, I move that we go into the election of those men now.

Dr. Burdell: I move to table Dr Williams' motion, to refer these nominations to the Council.

Motion carried.

Dr. Tripp: Is it in order to put in nomination a man for the first district?

The President: Not until the house decides to go into the nomination of the officers.

Dr. Carroll: I move that the house go into nomination of officers, to be suggested to the general session tomorrow, for these vacancies.

Motion carried.

Dr. Tripp nominates Dr. J. T. Taylor as examiner from the first district. Seconded by several. Nominations closed, and secretary instructed to cast unanimous ballot for Dr. Taylor.

Moved by Dr. Kinney, that Drs. Shaw, Boozer, Wyman and Brailsford be re-elected. Nominations closed, and unanimous ballot cast for Drs. Shaw, Boozer and Wyman, and for Dr. Brailsford in place of Dr. Napier, as members of the examiners.

Dr. Pressly nominates Dr. W. W. Fennell, of Rock Hill. Nominations closed, and secretary requested to cast unanimous ballot for Dr. Fennell, as member of Board of Medical Examiners from the fifth district.

The President: The chair will state that the vacancies of delegates to the American Medical Association are to be filled. Under the precedent established by this association, the secretary is, *ex officio,* one of the delegates from this association to the A. M. A. The other delegate's term expiring at this meeting is Dr. John L. Dawson, of Charleston.

Dr. Robert Wilson: I would like to renominate Dr. John L. Dawson as delegate to the American Medical Association.

Seconded by several.

Upon motion of Dr. Rees, nominations closed, and secretary instructed to cast unanimous ballot for Dr. Dawson, as delegate to the A. M. A. for two years.

The President: The order of business on the program is the selection of the place of meeting at the next annual meeting of the association.

Dr. Napier: Dr. Smith, of Florence, who had to leave on the four o'clock

train, asked me to invite the association to Florence for its next meeting, and I hope you will all find it to your interest to go there. Florence is a large railroad center, easy to get to, and it has been five years since you have been over in the eastern section of the State, anyway.

The President: In that connection I would ask the secretary to read the letters brought by Dr. Smith from the chamber of commerce and from the city of Florence.

(Secretary reads the following letters:)

Dr. Pressly: In behalf of the Medical Association of York county, and of the profession locally, of Rock Hill, I desire to place in nomination Rock Hill, York county, South Carolina, and for all of you who have not been in Rock Hill at this season of the year there is something coming to you.

Dr. Johnson, president of Winthrop, sends you an urgent invitation. That ought to go with the young fellows. The citizens, the Commercial Club, and the ladies of the town, send invitations, also, by Dr. Faison, and all hands urge you to come with us next year.

Nomination of Rock Hill seconded.

A vote being taken, the towns stood as follows: Rock Hill, 22; Florence, 12.

Rock Hill, therefore, was declared the place of meeting—April, 1913.

The President: The chair would like to announce that Mr. John Porter Harris, secretary of the Child Labor Committee, is in the house and would like to address the meeting.

Dr. Harris addressed the meeting, requesting the co-operation of the society in the passage of a bill for the registration of births and deaths.

Dr. Dwight: Mr. President, I move that we put ourselves on record as favoring such legislation. Seconded by Dr. Wilson, and motion carried in favor of vital statics legislation.

The President: The chair will entertain a motion as to when the next annual meeting shall take place.

Moved by the secretary. that the general session meet on the third Wednesday in April, 1913.

Motion carried.

President adjourns the house, *sine die.*

When preparing the radial artery for transfusion it is very important to gently dissect out and tie with very fine ligatures the branches of the vessel in the field. If any of these is torn or bruised, a clot will form in it which, by extending into the radial, will interfere with or prevent the flow of blood.—*American Journal of Surgery.*

Society Reports.

Charleston County.

The Medical Society of South Carolina (Charleston county) held a meeting at its hall May 1, 1912.

Under Medical News, Dr. John L. Dawson reported the following case: The patient, who is a white adult male, about a year ago, after eating, smoking and transacting some weighty business, fainted. He went away to rest. Later he felt very bad, being nervous and having a rapid pulse. A doctor was called in, who gave advice as to mode of living, etc. A few nights later he collapsed, having a pulse of 48 and precordial distress. Coronary disease was thought of only to be dismissed, as there was neither arteriosclerosis, nor a history of syphilis. He was put on strychnine and digitalis.

About this time he was seen by Dr. Dawson. He had a pulse of 40, was very nervous and introspective. He had a pale desquamative fading rash. The skin and hair were dry. There being neither a history nor signs of syphilis, athyroidea was considered, or rather a myxedema without the myxedematous

skin. Thyroid extract was given and he improved at once. Four days later the pulse was normal and the nervousness gone. Upon discontinuing the thyroid extract for a day the pulse fell to 40. The drug was recommended and the patient improved and the rash disappeared. Dr. Dawson said he had seen a similar case once before, and that party had a bronzing of the skin.

Dr. Lane Mullally reported that he had done three (3) Cæsarian sections in the past twenty-eight days. The first and second cases were operated on because of eclampsia. In the first case the woman had already had twenty convulsions. The patient made an uneventful recovery, and mother and babe went home well. In the second case the convulsions continued after the operation and the patient died that night. The baby is living. The third case was done today (May 1, 1912). This woman had elephantiasis of the labia and vagina to such an extent as to make vaginal delivery an impossibility. This patient is doing well. Dr. Mullally stated that Cæserian section is by no means a serious operation, and is indicated not only in impaction, but in eclampsia, placenta previa and in other emergencies as dilatation takes time and produces more shock. Today's operation took two minutes from the incision to delivery of child and placenta, and 14 1-2 minutes from incision to last stitch. So this procedure is much quicker than version or high forceps.

Dr. C. M. Rees stated that undoubtedly this operation is better than using high forceps, as the operative field can be made aseptic and there is less shock. Not only is this treatment better for the mother, but for the child, too. Dr. Rees then spoke on the etiology of eclampsia.

Dr. J. F. Townsend reported a case, first seen by Dr. M. S. Moore, in which a man had intentionally severed with a razor both jugular veins and the thyroid cartilage. He was given an intravenous injection of normal salt solution—the bleeding stopped and with much difficulty the fragments of cartilage united. The patient is still living, but will probably die of sepsis. (He died about a week later.)

Dr. J. C. Sosnowski reported having seen a patient who had some consolidation in the apex of one lung, a temperature as found in malaria, but no tubercle bacilli. A radiogram showed a distinct lung shadow. Later he obtained a history of a chancre; then he obtained a positive Wasserman. The patient was given salvarsan and is now well. Dr. Sosnowski stated that recently he had seen several cases of septic sore throat, and that one patient had died. Several of the cases had a pharyngeal exudate.

After some business matters had been discussed and acted upon, the society adjourned.

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Aiken County.

The Aiken County Medical Society met at the usual time and place and was largely attended, several laymen being present. Dr. F. A. Coward, State Bacteriologist, gave a most interesting and comprehensive lecture on Hookworm. His lecture was illustrated with lantern slides, and was thoroughly enjoyed. Dr. M. H. Wyman, of this town, has kindly volunteered to make microscopical examinations for any of the physicians throughout the county at a moderate fee of $1.00 to $5.00, depending upon the circumstances of the patient; charity cases free of charge. I trust that the physicians who are not equipped for this work will take advantage of this opportunity. Dr. Wyman is a young and energetic man, and I am sure will give the work prompt and thorough attention.

T. C. Stone,
Secretary and Treasurer.

The ophthalmoscope, the sigmoidoscope, and, of course, the cystoscope, belong to the equipment of every thorough surgeon, and their frequent use is an important part of the diagnostic examinations.—*American Journal of Surgery.*

It is extremely desirable to conduct a systematic and cleanly dissection when seeking a foreign body.—*American Journal of Surgery.*

Spartanburg County.

The Spartanburg County Medical Society held its regular monthly meeting on this day (May 31, 1912). The society had as special guests Dr. Joseph F. Siler, captain of Medical Corps, U. S. A., and Dr. Philip E. Garrison, U. S. N., who have established headquarters in Spartanburg to make a thorough investigation and study of pellagra. Twenty-eight physicians were present. Dr. Robert Pell, of Converse College, welcomed these gentlemen to the city and county. Dr. Jefferies spoke in behalf of the physicians of the city, and Dr. S. T. D. Lancaster spoke for the physicians of the county, all promising co-operation. Drs. Siler and Garrison outlined their plan of work, and expressed themselves as being very much pleased with the cordial reception and offers of assistance which they had received. Neither of the essayists were present with their papers, and the rest of the time was given over to informal discussions. At two o'clock the society and its invited guests repaired to the Gresham Hotel for dinner, as guests of Drs. Cudd and Jefferies.

L. Rosa H. Gantt,
Secretary.

A felon may frequently be aborted by covering the end of the finger with cotton saturated in alcohol and protected from the air by a rubber finger cot.—*American Journal of Surgery.*

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Editorials

Investigation of Pellagra in South Carolina.—The General Practitioner's Opportunity.—Case Histories.

Probably in no section of America is there such active investigation of Pellagra as in this State at the present time or planned for the immediate future. This is not because there are more cases here than in some other States but possibly out of deference to the pioneer work of the profession here in directing the attention of the world to the existence of the disease in America and especially in the South. There has existed from the first a peculiarly cordial relationship between the doctors who have engaged in the pioneer discoveries in this State and those similarly inclined in other parts of the world. This is as it should be. Scientific truth should never be hampered by geographical lines. We are fortunate then in having the United States Marine Hospital Service, the Thompson-McFadden Pellagra Commission of the New York Post-Graduate Hospital and School of Medicine, and the National Conference on Pellagra at Columbia Oct. 3rd and 4th. The Commission has its station and laboratories at Spartanburg. We believe there is no single aid in the study of any disease so valuable as the History of the Case. We believe this to be particularly true in reference to the study of Pellagra, and just here the general practitioner has in his grasp a great opportunity. The tendency a decade or so ago was to expect too much from the laboratory notwithstanding the fact that many of the most important and far reaching advances in Medicine and Surgery have been made without extensive laboratory equipment and by general practitioners. We do not for a moment minimize the value of the laboratory, but we believe the general practitioner has become a little discouraged and too much inclined to leave all research to the specially trained research investigator.

We advise, then, the general practitioner, to whom all these cases first appeal, to hold on to them as long as possible, years it may be, and take careful notes of every phase of the malady. To do this will necessitate a cheerful prognosis and much charity work. These patients, many of them, are poor and they are inclined to change from one physician to another. This was true of tuberculous cases for centuries, until the profession reluctantly admitted the disease could be arrested often and sometimes permanently cured. We believe it to be conceded that a hopeful prognosis may often be made to the pellagra patient instead of reading his death warrant on the first visit, as was formerly the case by many physicians. This attitude on the part of the attending physician will not commit him to a promise of permanent relief for his patient, but will go far towards securing active co-operation of all concerned or at least prolonging life. By this pathway it is not impossible that the cause, prevention and cure may be discovered and the general practitioner become the discoverer.

When Shall the Medical Profession Abandon Slip-shod Business Methods and How? Abbeville's Initiative.

If there is a single plausible reason why the doctor should not give serious thought and effort to evolve successful business methods, we have not heard of it. We believe it to be one of the most urgent reforms necessary on the part of the American profession. It is no longer considered beneath the dignity and high calling of the professica to either write a journal article or introduce the subject before a medical society, judging by the increasing number of allusions to business matters. The Editor attended a special meeting of the Abbeville County Society May 3d, the meeting being called to consider the matter of fees. Besides the Editor, there were invited guests from several surrounding counties and towns. Drs. Chipley and Tate, of Calhoun Falls, were the hosts of the occasion and tendered the Society an old fashioned barbecue at the mineral springs in the neighborhood. It was evident that the large meeting was deeply interested in the subject. Dr. Chipley, chairman of the committee previously appointed to study the question of fees throughout the country, presented an admirable report, showing that the matter was considered vital in many sections. The Abbeville Society will continue to investigate the subject and we trust will publish its conclusions for the benefit of the State at large.

We wish to emphasize the point that every society should have a special meeting occasionally and seriously consider the business aspects of the profession. We believe the time is rapidly approaching when the American Medical Association should set apart a section on economics. This action, of course, will not be taken until the demand warrants. Such endorsement would at once establish a bureau of interchange of ideas authoritative in character and bring about speedily a reform the individual is powerless to inangurate.

Medical Ethics.

We commend the paper of Dr. Davis Furman in this issue and especially the very liberal discussion, to the profession as being well worth while to read. It is significant that the Principles of Medical Ethics was revised at the meeting of the American Medical Association just held at Atlantic City. This instrument now deals specifically with the matter of questionable commercial practices.

The American Medical Association Directory for 1912. *Number of Physicians in South Carolina* 1275.

The new 3d edition of the American Medical Directory is an invaluable work from every point of view for the reliable data it contains about physicians of the United States, Porto Rico, Alaska, the Canal Zone, Hawaii, Philippine Islands, Canada and New Foundland. The information about Doctors, Medical Colleges, Hospitals, Societies and Manufacturers of Physicians' Supplies is so reliable that the book becomes at once a daily reference guide of unquestionable authority. The make-up of the volume is highly commendable.

South Carolina to Lose One Delegate to A. M. A.

The reapportionment of delegates at the recent meeting of the American Medical Association at Atlantic City reduces our delegation to one. The new ruling requires 700 members for each delegate or fraction thereof. The previous number was 500 members or fraction thereof. South Carolina had an accredited membership of 688. Of course just a little effort on the part of our membership will easily increase our numbers beyond the 700 mark. The State Association is steadily growing but the relative proportion of 688 Association members to 1275 physicians in the State leaves room for further successful effort.

Original Articles

MEDICAL ETHICS

By DAVIS FURMAN, M. D.,
Greenville S. C.

Read before South Carolina Medical Association at Columbia April 17, 1912.

With no thought of presenting anything original, my apology for occupying your time, is a desire to draw from the great storehouse of the past some half-forgotten, though inspiring thoughts which come to us as legacies from the master-minds of the profession relative to the subject of medical ethics. Also briefly to emphasize some of the rules, the observance of which, I deem most valuable in smoothing the asperities of our professional pathway.

In a most classic address on the relation of the physician to the public and to his colleagues, delivered at Oxford, in 1846, Dr. Huefland said "An instinctive impulse to relieve a sufferer was the origin of the healing art; and to make the medical practice answer its ideal and render it a blessing to both physician and patient, this pure and noble sentiment must always prevail." From this fundamental law he deducts the following rule: "Regulate all of your actions in such a manner that the highest end of your calling which is saving life, restoring health and relieving the suffering of humanity may be attained as far as possible."

Lofty ideals have been given us from time to time, yet in the pursuit of the so called practical, in our work, are often overlooked. It is, therefore, not uncommon to find men with their heads more or less burdened with weighty scientific information, ignorant of the first principles of the science of their duty to the community and to the profession.

Now and then are yet to be found some in the profession who do not realize that the Fendal days have passed; and that no longer in this stage of advancement, can the despot of a limited region hope to attain gain and glory, by robbing his neighbor of his vassals, or his vested rights by main-

taining open war-fare, or by use of the stealthy stilletto on his natural rival.

"Physicians are no longer aesthetic porcupines hedged about with points of etiquette, bristling in fretful expectancy, but are controlled by their natural relations by their instincts as amiable gentlemen and governed by the dictates of common sense."

By means of our advancement in organization there is improvement in our collegues; the personnel of the profession has been bettered, in part by the elimination of the unworthy from fellowship; knowledge is more generally diffused and the members of the profession are brought in our various societies into personal contact—a most important factor in bringing about a better understanding of each other.

Physicians should be men of business as well as the apostles of the most altruistic profession.

As business men, while there is no place for the Shylock, it is obviously our duty to our profession, our families and ourselves, to look well to the financial side of our work, duly recognizing "That the laborer is worthy of his hire." At best, this reward is pitiably small when the character of the service is considered, as compared with the valuation placed on opinions and time by the representatives of other professions.

The nature of our work is in some respects unique, and from the complexity of its character is prone to generate misunderstandings of various kinds among its votaries.

Perhaps the most common among the causes which operate to provoke professional dissensions are: Emergencies demanding immediate attention; the caprices or the lack of knowledge of decorum, or the misleading statements if not the perfidy of patients, even though they rank high in the business or social world; ignorance of the common laws which should govern our relations to the patient and towards each other; the fact that much of medicine can lay no claim to scientific certainty; that drugs are uncertain in their action; that idiosyncracy is an unknown quantity; and that the personal equation may lead observers, of a given case, to very different though equally honest conclusions as to diagnosis and treatment.

In any event, by inflexibly following the Golden Rule, we can not go far wrong. Yet instances arise where special rules serve to prevent possible perplexities and guide our course in delicate situations where otherwise seeds of professional discord might be sown and the interest of the patient might not be conserved.

As far as we know, Hypocrates was the first to recognize the necessity of such rules, and he furnished a system of laws for the government of the profession. This code served until Dr. Thos. Percival, an English physician in 1807, published an admirable code of ethics which, excepting such alterations made necessary by the lapse of time and the advancement of medical science, is the identical code adopted by the A. M. A. in 1847, and from then to a few years ago has governed our whole profession just as the Ten Commandments of Holy Writ instructs and restricts mankind in general.

"To the lofty ethics, in very great measure we are due the binding together and elevation, far above ordinary vocations of the medical profession of our land and the esteem and honorable standing which it every where enjoys." In addition to the above, Dr. Cathell also says: "The great God of Heaven has declared,

'Whatsoever a man soweth, that shall he also reap.' Anyone upon whom you encroach in an unprofessional manner will feel himself justified in retaliating with your own weapons and you will reap a crop similar to the seed sown. Wherever you sow a thistle or a thorn, you will reap the thistle or thorn: wherever a wind is sown, a whirl-wind will be reaped, whilst the sweeter seeds sown by others will yield sweeter fruit."

In 1903 the A. M. A. made a change, adopting "The Principles of Medical Ethics," (perhaps with a view of conciliating certain Ishmealites) leaving code and penalties to the separate states.

"The Principles" deal in the main with generalities, such as the duty of maintaining professional honor, etc., and supplies a few brief rules.

The columns of the mouth piece of the association, are ever open to discuss any doubtful ethical points that may be submitted.

In no vocation are the colaborers more dependent on each other. Courtesies in many forms can be extended, the tendency of which is to establish mutual regard, a sense of gratitude and the warmest personal friendship. Dr. Cathell says: "There are a thousand unwritten ways to be ethical and a thousand undefinable ways to be unethical."

When you doubt whether a patient is fairly yours or anothers, give your brother the benefit of the doubt. Never be tenacious of doubtful rights but let your conduct in this and in all other respects entitle you to the esteem of your medical neighbors. Never unjustly attempt to retain anyone to whom you are called in an emergency; if you are in doubt whether you are deliberately chosen, or only taken in the emergency, ask the direct question. If another was preferred to you surrender the case to him even though you are asked to continue the case. If your conduct towards other physicians is invariably honorable and just it will be discovered in due time and will make your road pleasant, and if you ever unwittingly infringe all will feel that it is through mistake and not intentional.

Whenever called to attend a case previously treated by another physician, especially if patient and friends are dissatisfied with the previous attendant by expressing a wish that you had been called sooner or criticise his conduct or his remedies, it is cowardly and mean to do either. Say nothing if you can not speak well of him: to the patient speak only of his present and future.

It is common for patients changing from one physician to another to attempt to justify his course by speaking ill of his former physician. No honest physician will tolerate and thereby sanction such ungenerous conduct towards a colleague. "He who degrades a colleague degrades his art." It is unprofessional and ignoble to fail to defend the reputation of an absent brother when justice demands it.

Never take charge of a patient under the care of another physician without first ascertaining that he has been formally notified of the change, otherwise unless great emergency exists you should positively refuse to interpose. If you do consent it should be done for the attending physician and you should leave a sealed note telling him what you have done. "Suffer injustice rather than participate in it"

"In consultation the welfare of the patient is the highest thought and every physician should be penetrated by this simple sentiment." With due appre-

ciation of our own limitations, consultations should be prompted in severe cases. Not alone for the good of the patient should this be done, but because it serves to divide responsibility, and disarm damaging criticism.

What transpires in consultations between physicians, should be held as inviolable as the secrets of the patient, which we may acquire by reason of our official position. "If thou hast heard a word, let it die with thee: and behold, it will not burst thee."

"If unexpected circumstances arise the attending physician may vary the treatment—not so the consultant, except in emergency, or when called from a distance, and then he should leave a sealed opinion.

Under no other circumstances should the consultant visit the patient, except with the attending physician, unless it is by special request of the latter.

"As travail upon a woman with child" is proverbially uncertain a considerable per cent. of such cases arrange themselves in the emergency group. However, contrary to the rule in other emergency work, courtesy does not dictate that the fee for the accouchment be turned over to the regular attendant.

It is proper form to notify the regular attendant, as promptly as possible of the conditions, leaving the after-treatment of the case with him.

Fees for this, as well as for consultations should be collected through the regular attendant.

Another time-honored custom sanctioned by the best in the profession, is the practice of exchange of work, i. e., where the regular attendant is inaccessible or from sickness or any cause, can not attend to his work, it is graceful courtesy for his brother physicians during his inability or absence, to attend to it for him and on his return to service to turn over the patient and fees to him.

This rule may not be obligatory, yet it gives opportunity to show a magnanimous spirit and in the end it will be recompensed in kind.

Of all the villianies ever enacted, masking in the disguise of an honorable profession, none more thoroughly merits contempt and open censure than the conspiracy sometimes entered into between certain specialists and the family physician. By such a deal the latter prostitutes his office, becomes the "confidence man" or "bunco steerer" to lead his trusting and confiding clients to a despicable and relentless robber (for the man who will enter into such a secret compact is capable of anything) for a division of the fee.

Druggists are our valued allies, yet no self-respecting physician will permit a designing druggist to make a "cat's paw" of him by using his title and his name as a commercial trade-label for pill, lotion or powder.

Spacious advertising of this kind can not be condoned on ethical grounds, and, while it may put money into the druggist's till, it adds nothing to the dignity of the physician to have his name catalogued with Dr. Doan, Dr. Peruna and others identified with fake nostrums.

The subtle influence of a sincere and honest devotee to his art, whose purpose is to better the conditions of human life, and to unify the efforts and relations of those so engaged, is a blessing alike to the profession and the community in which he lives. Quoting from Dr. Osler, "There is a delightful Arabian proverb two lines of which run: 'He that knows not, and knows not that he knows not, is a fool. Shun him. He that knows not and knows that he knows not, is simple. Teach

him.'" To a large extent these two classes represent the people with whom we have to deal. We must fight the willful ignorance of the one and the helpless ignorance of the other, not with the sword of righteous indignation, but with the skillful weapon of the tongue. On this ignorance the charlatan and the quack live. As the incomparable Fuller remarks, "Well did the poets feign Aesculapius and Circe, brother and sister—for at all times (in the opinion of the multitude) witches, old women, and impostors, have had a competition with doctors."

Most of us have at some time been humiliated to witness the truth of the observation of the Great Bard: "The learned pate ducks to the golden fool."

If money making were all, to those endowed with capacity, the fields of science are not inviting, as the opportunities offered in this line are not to be compared to others.

Notwithstanding the time and expense of a medical education; the exacting character of the work; the exposure that it entails the fact that often his best efforts must end in failures and its frequent consequences, harsh and unjust criticism, from those who do not stop to regard the uncertainty of life and its inevitable end; the long and weary hours of sleepless anxiety and toil and the constant association with the woes of life, from the financial view point, the remunerations of the physicians are the poorest of all professions

Yet, "What is a handful of gold compared with the tears of gratitude shed by the poor who, unable to speak or give, pour out a confession of eternal indebtedness while the rich man often believes himself redeemed by his payment, of all obligations of thankfulness." In this connection it has been well observed "The most sublime vocation of man often is that of being high-priest of the holy vital flame and an administrator of God's highest gifts and of the most secret powers of nature, in a word a physician. Let us ignore petty causes of strife regarding each other as physicians and be in reality "a brotherhood of science, laboring to diminish the sorrows of humanity."

* * * *

Discussion.

DR. DWIGHT:

Mr. President: I want to thank Dr. Furman for that paper. He told us at the start that he was not going to give us anything new. Whether he gave it new or old, it is something that we all need every now and then.

It has been well said that we are members of the noblest of professions, but the meanest of trades and the man who reduces it to a trade is not worthy the footman who lets him in at the door. I desire to thank Dr. Furman for that paper.

* * * *

DR. ROBERT WILSON:

Mr. President: One of the commonest fallacies, I think, is that which mistakes the means for the end. We see it exemplified very frequently in the attitude which physicians occupy toward medical ethics. I am afraid we have come to look upon the observance of ethical rules and principles as an end, instead of a means toward an end. The end of our ethics is three-fold: the prevention of sickness, the alleviation of human suffering, and the saving of life. The principles of ethics are certain principles and rules which have been formulated to guide us, that we may better carry into effect this three-fold purpose. When we reduce the ethics to the last analysis, I think that we can say that even though we are not familiar with the specific rules that are laid down, that man who is unselfish, who is tenderly considerate always to others, who puts into practice the Golden Rule, and who is always mindful of the rights and claims of those who are sick, will never, in any emergency, nor under any circumstances of life, violate our principles of ethics.

There is one phase of ethics which Dr. Furman did not touch upon, but which I think is all important; it is a phase which is growing in importance every day; a phase which was dwelt upon yesterday by the President in his address. Perhaps we do not all know, for some of us have not read the principles of ethics, that it is inculcated as one of the principles of ethics that it is our duty to the public to aid in all matters that make for the prevention of illness; that the education of the public is a matter of ethics, not a matter of choice. It is our bounden duty to do all we can to help in enlightening the public in all these matters, and we are often prone to overlook this teaching function of the physician, which I think is one of the highest functions. Very often when one of us undertakes to put into practice this view of ethics there are others who cry out that he is only doing it for the sake of advertisement.

It is not only not in violation of ethics to get your name in print, it is your bounden duty to do it. It is your duty to go before the public in any capacity as a lecturer, as a writer in newspaper or periodical, provided you are doing it with the single purpose of enlightening the public and trying to teach them with regard to the prevention of the spread of disease.

Another important point which Dr. Furman

touched upon is the unethical practice of fee splitting. Every now and then we hear that it prevails in such and such a place. We know that it is a practice that is at some time, in some place in vogue, and it is one of the meanest one of the lowest, one of the most contemptible of practices which medical men may be guilty of. I think we ought to emphasize that this trading in patients who put their trust in us is—I say again—one of the lowest and meanest and most contemptible of practices, and we cannot condemn it too strongly.

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DR. W. C. BLACK, Greenville, S. C.

I desire to add one word: I certainly congratulate Dr. Furman for reading such an able paper before this Association, and also to thank Dr. Wilson for his remarks.

At Bennettsville I introduced in the house of delegates a resolution requesting the different county medical societies to pass stringent rules against this fee splitting business. This is being done all over this section—not all over this section, but in certain places of this section, and I refer to South Carolina. In one section, not many miles from Greenville, I have done, in the last ten or fifteen years, some twenty or thirty major operations abdominal operations. If I have ever lost but one case in that town or in that community, I do not know of it. Some of the latter-day saints have come in and have absolutely taken that practice, and it is currently reported that there is a fee division, and I am satisfied that there is a fee splitting—that these patients go because there is an understanding between the surgeon and the general practitioner, and I want to add this: that a general practitioner who will go into collusion with a surgeon to divide fees to take in patients, and the surgeon who will go into such a contract, will consent for his patient, who needs no operation, to be operated upon, and the surgeon who does it will do operation when the patient needs no operation, simply for the fees. Another thing that Dr. Furman mentioned that I want to emphasize; is the stealing of patients. Now, I will not explain that, but every doctor in this house knows what that is.

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DR. KOLLOCK.

Mr. Chairman: I think that a paper such as has been presented by Dr. Furman, is absolutely necessary for us to have—I was going to say at every meeting, but certainly every now and then. There was an old custom, as we all know, that on the Fourth of July they used to read the Declaration of Independence. It has gone out like that. The old medical ethics have gone out.

Not long ago a man said to me—a good man, too—that medical ethics were all rot. Of no use. That it was a thing of the past, and that we did not need it.

Now, I think that if medical ethics, or if a man who believes in medical ethics, is a mossback, or a has been, or an old fogy, I would like to be put down on that list.

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DR. E. A. HINES.

Mr. President and Gentlemen: I certainly appreciate the paper which has been presented by Dr. Furman. It is my business to look over the programs of the United States with reference to medical meetings, and I have been struck with the scarcity of two titles; one on obstetrics, and the other on medical ethics.

I dare not believe, Mr. President, that doctors have ceased to practice the science and art of obstetrics, because, only day before yesterday this Association and house of delegates voted unanimously to endorse a proposition looking to the enactment of a birth registration act in South Carolina, and again, when Dr. Matthews was president of the A. M. A. he deemed it his duty to visit over the United States largely in order to determine the condition of the American profession. Among other cities he visited was New York, believing that there, possibly, the specialties were more clearly defined and that there he would learn more about conditions than elsewhere, and he found that, even in that clearly defined city even the laryngologists always had time to go across the street and deliver his neighbor's wife.

So, then, I do not believe that we have no further use for medical ethics, but I want to tell you that in twenty-one years' practice, and in visiting many physicians, their offices and in their homes, throughout the United States, I have yet to see a copy of the principles of medical ethics there. I have seen many uncovered medical journals; I have seen many dust-covered books, (I have never seen an uncovered Journal of the S. C. Medical Association, I am glad to say.) Therefore I believe that we should, as Dr. Kollock stated, go back to former customs of occasionally having a paper on medical ethics before our Association, and moreover, I believe it the duty of every county medical society to procure these principles of medical ethics and see that they are distributed among the members of their societies, because I have seen men who have grown gray in the practice of medicine who have never seen a copy of that pamphlet, who have never read the principles of medical ethics, and they set themselves up in their several communities oftentimes as high authorities on the principles of medical ethics.

When the young man goes into the community he often inherits, or has handed down to him the traditions of the petty jealousies that for generations have gone on, but rarely the traditions of men who have walked the narrow pathway and who have read and lived up to the medical ethics of the A. M. A.

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DR. HENLEY, Dillon, S. C.

I am neither an old man nor a young man, and I may be able to tell you something of the trouble in my section. I think the greatest trouble in consultation work and ethics is the older physicians having no consideration for the younger physicians or very little, and especially a man who thinks he has a good practice giving no consideration to the man who has a little poorer practice. Now, occasionally I call in consultants with me, and I have had them treat me just as though I had no further business with that patient at all—good men and men who ought not to do that way, and who would not do that way if they would stop one minute and consider the rights of others. And another thing, as Dr. Hines has just said: I asked a man some days ago, nearly seventy years old, if he had ever read the code of ethics, and he said he had not. So it is the older men, those who have good practices, who have no consideration for the men that are young in the profession and starting out; and, as I grow older, I hope that we will learn to consider the rights of the younger men in the profession.

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DR. FRANK LANDER, Williamston, S. C.

I am a country doctor, and I am very proud of it. I have to refer all the surgery which I have done, because, not being a fool, I do not rush in where angels ought to fear to tread. I have been practicing medicine for about twelve or thirteen years and in that time it has been my pleasure to have to do work for me the best men in this State. I have had—I cannot recall my adjectives to qualify my men. They have all been princes. Our friend, Dr. Black, who has just spoken of "fee splitting," has done work for me, and I have helped him. Dr. Black forgot to split the fee. My friend, Dr. Earle, has done surgery for me, for my patients and for my own family, and, strange to say, he forgot to send a check. Dr. Guerry, of Columbia, has done a wonderful amount of surgery for me, and I shall have to draw on him tomorrow. Dr. Knowlton, of Columbia, has done some work for me, and recently, and, I declare, he forgot the check. The lamented

Manning Simmons was always at my service, and I will have to get in a bill against his estate. And the royal Redd—he did not have much of this world's goods, so I will not present a bill.

A recent magazine had a very disgusting article to me upon the farce of medical ethics. The main burden of this article was this same subject that we are discussing—fee splitting.

I do not believe that the practice of fee splitting is as common as it is reported. Not only myself, if I may quote my own experience, I have never received a penny out of a fee from a surgeon, and I do not know of any other one man who has ever received a fee. I don't know how the men in the low country are, but in the up country we do not get it, and it is never offered to us. I think it is only fair that the men who do not do surgery and who refer surgery, should say so. I kept the books for a hospital for some time, and never was a fee returned. So I cannot understand how it is that these fees are split and I do not get mine. I do not honestly believe that the medical man is so prostituted as to expect it, or that the people think he expects it.

I desire to thank Dr. Furman for his splendid paper. It is a joy and a delight to a medical man to hear a paper which is not couched in words a mile long, and has haemastatics at one end and knives at the other. He is a representative of the finest country ever made, and we are all proud of him, and I am especially proud of his paper and I desire to thank him for it.

It seems to me that the main trouble in this stock of medical ethics lies in the fact that we are too commercial. This is a bad world, it is true. You know beef steak is 17 cents a pound, and we have to live, and it is a hard time practicing medicine in this country. The man who goes into the medical profession expecting to make money ought to get a reserve seat in the lunatic asylum. The medical men who have made money have made it, not so much in the practice of their profession as in other lines—fortunate stocks and likely real estate deals, on the side. There must be a compelling force that makes the man like the work, for the sake of the work. There must be a craving or passion which draws him to a sick man irresistibly; and if he cannot get a part of his pay out of the joy of knowing that when he comes back next time he will be glad to see him, that man will never succeed, I think.

We have forgotten our duty to the public and we are in a rut and cannot see out. The three people it seems to me, who are to put the people right are the teacher, the doctor and the preacher. The preacher has been too prone to prudery, and the teacher has been too busy discussing intellectuality, and it lies with us to speak the truth. There is nothing in the world that you cannot do if you fire yourself with a persistent fire. Such a man, gentlemen, like a child, "shall lead them," and such a man can go down through temptation without fear, and such a man can come out of the fiery furnace of disease, disaser and destruction, without the smell of fire on his garments.

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DR. F. JULIAN CARROLL, Summerville, S. C.

Mr. President: It is a very fortunate thing, the experience of Dr. Lander, and I am very glad to hear from him that the surgeons of the state, in his experience (and I have no doubt in the experience of the physicians in other sections) have been so ethical; but I know it is not so in other places, because I happen to know of a surgeon in Buffalo, who related his experience to me. He told me it had been so universal there that he was talking over the matter with a prominent business man, and he told him, "Well now, Doctor, when I get a proposition like that, I meet competition," so he undertook to meet competition, and the next day a country physician 'phoned he had three patients he wanted him to see. He said, "What are you giving for referring these cases?" Well, he thought of the advice of the business man and said, "I will give you ten dollars apiece." He said the patients were brought in. One had some slight ailment and the others had nothing the matter with them. The doctor advised laparotomies in each case, and the surgeon said only one case needed operation and the others did not, so the man said, "I am going to take them to another surgeon, because I can get ten dollars apiece for them." He said that was his last experience in splitting fees, and those three cases were operated on. I think that is the first place they started splitting fees.

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DR. C. B. EARLE, Greenville, S. C.

Mr. President: The branch of the profession that I belong to has been the one most spoken of in connection with the "flee splitting," of Dr. Black. The County Medical Society of Greenville, I think has the honor of being the first medical society in the United States to make it an expulsory offense to either give or receive a commission. As to whether, by reason of that rule the custom has been diminished in Greenville county, or whether, because of the uniformity of opinion that rule was passed, and in that way fee splitting was made as common as in some other places, I do not know, and I rather question as to whether a rule passed by the House of Delegates, as was proposed at the Bennettsville meeting, would do any good or not. It is impossible to enforce any law against the opinion of the public in that community. We see that illustrated in Dr. Wilson's community, with reference to our whiskey laws. But to report that the surgeons of South Carolina are dividing their fees (and it is reported that some individual members are) is like the reputation of a woman, whether it is true or false, once a slander is cast upon a woman, that remains for all time to come. So if we could find some way of doing away with this thing I think it would do an infinite amount of good. There are so many ways in which a man could divide fees without apparently sending a check which might be traced up to him, that it would be very difficult to frame a by-law that would get at that.

I have heard it stated that in one community in this State that it is the custom there of surgeons to pay the attending physician for assisting at the operation, and that in a very well organized hospital. That the attending physician who carries the patient has a gown put on him—not necessarily sterilized—and he is given a basin or possibly the pulse of the patient to hold, and he is given, possibly, a hundred dollars for assistance. That surgeon I do not think possibly as derelict in his duty as the attending physician, and it seems to me that the only way we will ever cast off this slur from the State is for the individual physicians to do it; for him to have so imbued in his conscience the principles of ethics, as propounded by Dr. Furman today, that he would be so far above a thing of that kind that he would consider it an insult for any consultant to offer, in any way, to pay him for referring a patient to him and that he would regard that consultant as being beyond the pale, even, of quacks and charltans. I do not believe that a rule passed by the House of Delegates of any county society will get to this unless the individual members are educated in the practice of ethics.

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DR. BLACK, Spartanburg, S. C.

Dr. Lander's appeal sounded very good to me indeed, and, in a way, to a certain extent, I believe he is right. He referred to commercialism. Now, I do not know that a great many doctors practice commercialism, in the strict sense of the word, but I see no reason why a medical man should not be as well paid for his services as a merchant, a real estate dealer, or any other man.

Now the lack of a proper fee, in a great many cases, is one thing that has led up to this "flee splitting," if it is true. There must be some truth in the statement, because, where there is so much smoke, there is always just a little bit of fire.

whether there is fee splitting or not, there is something. Now this 17 cents beef steak must be paid for, for if a man does not get very much for his services, he cannot eat very much steak. Now, the brother does look pretty lean and lanky. He has a good country and a good State, but if he is working the charity racket, (I do not mean that, strictly speaking) if he is practicing for as small fee as he indicates, I do not see how he can buy much of that steak that he refers to. In other words, I mean to say I think a doctor should be paid for his services as much as anybody.

This fee splitting can only be regulated in one way: Let the physician who has the patient charge for his services what he thinks he ought to have up to the time he refers it to the eye specialist, the surgeon, or the expert of any kind. If he accompanies that patient to the hospital he should charge up to that patient a reasonable fee for his loss of time, and for his accompanying the patient to the hospital, because often the patient desires the physician to go.

"The greatest Roman of them all" is the practitioner of medicine. He sees these patients first. His responsibility is the greatest, and he should be paid; but when he refers his patient the fee should stop there, and then it makes no difference who it is, if he will practice medicine that way, and if the surgeon will not hold out an inducement, (I do not think they will, but I have heard many things that I would not like to mention here: I do not think they would be proper). I think he will be a better surgeon or a better specialist of whatever kind, because no man can be a competent physician unless he has a certain amount of money. It costs money to go to Baltimore, to Philadelphia, to Mayos, or anywhere else, and take your post graduate courses; and men who graduated twenty years ago have to go to work and take those courses, because we had not these opportunities, we had not all this work that the students of today have. But I thank God that the present day surgeons have had the opportunities and have had the nerve to get these fees, because there is no reason why a patient should go out of South Carolina. I believe that the old members of the profession, so far as I have seen (and I have been associated with them all in the up country), are extremely kind to the young men. I know that I have been.

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DR. W. A. TRIPP, Easley, S. C.

Mr. President: There has been some broad accusations made, but not generally come down to. The surgeons, as a rule, have denied the fee splitting. No doubt it is so.

I am sorry that Dr. Earle made the remark that Greenville had taken the first measure of any county in the United States to prevent this. Evidently somebody there was guilty, or this action would not have been taken.

The splitting of fees is very mean, but these men have not offered a remedy for the country doctor. When Dr. Lauder told you the country doctor has a devil of a scuffle to live, it is the truth.

Now, I would not offer to pay any specialist. Unless I can control the business I want to know why it is. I am going to see that that man has enough money left to pay me for my trouble.

Some time ago, (if you will excuse my alluding to this experience), I was requested by a man to accompany his wife to a hospital in Greenville: the doctor was going to perform a laparotomy. The husband of the woman said, "What do you charge?" I said "ten dollars and expenses." He said "I can't do that. I have to pay $100 for the operation and my wife's hospital expenses. You can go for $5, can't you?" I said "No, the laws of our county society forbid my taking less than $10 and expenses." The man came to my office four days after and said he was not satisfied with the operation, and he really did not know but that he had been skinned out of his hundred dollars, his wife was not feeling well, nor getting along very nicely. I said, "I can't tell you anything about it. I wasn't there." I had nothing to do with setting the fees. If I had accompanied his wife to the hospital, I would have said "This man is able to pay $75." The man would have done the operation all right. I am satisfied he would. The man would have had $25 left to pay me. A man who has a patient, the patient is his property, and no matter where I carry a patient, I am going to save enough money out of his pocket to pay myself.

The President: The question is that of medical ethics, and not fee splitting.

Dr. C. B. Earle: I desire to correct my friend, Dr. Tripp, in saying that Greenville county took the first drastic action. I wish to put that county on record as having passed a recommendation that fee splitting would be condemned, and also that at the time that amendment to the by-laws was made, Dr. Tripp was a member of the Greenville County Medical Society.

Dr. Tripp: I stand corrected.

Dr. H. W. Rice: Dr. Furman tells me (I was not here and unfortunately did not hear the paper) that he brought up this question of splitting fees in his paper, and I would like to ask the chair if it is not in order to discuss that question?

The President: It is, but not in South Carolina. If we did so, we would have no more time for anything else.

Dr. Rice: It seems to me that there is but one way in which we will have to finally settle this thing. As to whether fee-splitting exists or does not exist in the State, need not be considered. There is no question that people think it exists, and as the gentleman who spoke a little while ago said, "where there is so much smoke, there is some fire." Now, it is impossible, of course to stamp it out within the ranks of the profession until the ranks of the profession are thoroughly conscientious individuals; but I believe that it can be reached, and it is an efficient resort. I am sorry to say that any such resort should ever be thought of; that is, to appeal to the public. If we are not able to purify ourselves, then let us go before the public, where all references are finally settled. Let us pass a resolution by this Association, condemning this thing, and have it published in all the newspapers in the State. I am opposed, on general principles, to going in the public press on medical questions. It is a species of advertising for somebody, as a rule, and it will be a species of advertising in this instance, and it will be an unfortunate thing that the medical profession should have to adopt this means, but I believe that if we thoroughly agitate the question in the public press, that the people themselves will rectify this thing. They will know of their physician whether this thing is going on or not, if it is possible for them to know it.

The President: The chair will have to rule that the discussion of fee splitting is not in order. If I am in error I would be glad for some gentleman to make a suggestion. That is not the point brought up in Dr. Furman's paper. I would be glad if the house would decide whether it desires the question continued, as we have other business to attend to.

Dr. Knowlton: Mr. President, in discussing Dr. Furman's paper, I had a suggestion to make, with reference to possibly remedying the defect.

The President: It appears to the chair that points brought out in Dr. Furman's paper can be discussed as ethical or unethical conditions. I will ask the house to decide this opinion.

Dr. A. M. Brailsford: Mr. President, I had no idea, Sir, that such a sentiment was abroad in this state, and from the discussion I have heard (and I think only two country doctors have spoken on the subject—most of them have been surgeons) why, there must be something in it. It seems to me that the paper that was read by Dr. Furman that this matter was simply mentioned as one of the unethical phases, and I think that Dr. Furman is surprised that this particular phase should have been so emphasized, and I think there is much ado about nothing, and personally, as a country physician, I can say that I do not think such a condition exists in South Carolina, and I think if a poll were taken, there would be very few people who know positively of the existence of such a state of affairs in our State, and I think if it is practiced at all, it is done very very seldom, and not to such an extent as requires an amount of discussion as we have had this morning.

Dr. Burdell: I wish to take issue with the gentleman that the old men do not regard the young men. I am a young man myself, and it has been my experience that the older men are always kind and that the young man is more apt to do those things that border along unethical lines.

DR. KNOWLTON.

In discussing the ethics, I am not making any suggestions, Mr. President. We have in the Columbia society a rule with regard to the conduct of our consultations to this effect: (It has been such a happy solution of the problems in our vicinity here, and has given us such magnificent results, and such complete satisfaction between the young men and the older men, and that seems to be where the strife comes, very often) that no man who has a patient and who has called a doctor in consultation can ever, under any circumstances, see that patient again, except in consultation with the doctor who called him, or in an emergency. As soon as the evident condition of the emergency has passed, whether they have passed or not, as soon as the original doctor can be called in, he assumes control of the case.

Suppose Dr. A. is treating a case and calls Dr. B. There is no use for his making inquiries before the patient at all, so that the patient can imagine that things have been left undone, or whether 1-16th of calomel has been given instead of 1-17th; there is no inducement to make any impression on the patient at all because, when he gets through with that visit, he goes back to his office and can never have charge of that case again. It is impossible for the family to send for the consultant, for that man cannot go back unless the other doctor be dismissed. The older man sees the absolute uselessness of posing before the family, and that young man knows the case is his, and, if the case is not his, it is certainly not going to be the case of the consultant whom he calls.

There is only one objection to that as one can see, but I believe that when the pros and cons are polled, that that objection will diminish. Suppose, when that consultation takes place, that doctor may be dismised, and many people have spoken to the family about this Dr. B., and they send for Dr. B. to see the case, but Dr. B. in the long run, cannot get the case. So that makes the young man appreciate the consultation and want it instead of making him afraid of it.

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DR. FURMAN CLOSES.

Mr. President and Gentlemen: I wish to thank the house for the large number of bouquets that have been thrown over my way but especially to thank them for the liberal discussion of my paper, because I think that it will be of some real service to the Association for originating the matter.

As to the position taken by Dr. Knowlton just now, I thought I mentioned that in the paper; I intended to, certainly—for the consultant not to see the patient except in company with the physician, or by special request.

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Dr. Rice: I would like to make a motion that this session of the South Carolina Medical Association put itself on record as opposing the division of fees between the surgeon and the physician, and that a copy of that resolution be published in all the papers of South Carolina.

Seconded by several.

Dr. S. B. Fishburn: I am opposed to this, for the reason that it looks as though we were going on record and acknowledging that such a condition exists, and that we are publishing our shortcomings to the world; and I do not think that it exists to any such extent as many think, and I am opposed to going in print to that effect.

Dr. Outz, Edgefield: With all the discussion we have heard this morning, there is not one single iota of evidence that such a thing exists, and it seems to me that the Association would be advertising itself unfavorably to adopt that resolution. I do not think any good could be accomplished by it. If the conditions exists, it would not remedy the evil. I do not see any good that could possibly be accomplished by it, and we will only hold ourselves up before the world in an unfavorable light, and on those grounds I do oppose it.

Dr. Rice: I do not care, gentlemen to discuss the question at length, but it seems to me that if there is one thing the medical profession ought to do, it is to be willing to condemn any breach of ethics in the profession that may exist, or that may be supposed to exist, and I do not see how it can work to the detriment of the profession as a whole. It will simply mean that, as a body, this Association condemns this alleged practice. It will, it is true, be a tacit admission that there is such a thing existing in the profession, but we do not need that tacit admission. The existence of the thing is so prevalent that a great many people are already strongly suspicious. For instance, if a member of this Association were charged with some criminal offense, and it were brought to the point where this body had to act, had to decide whether it was in favor of tolerating that kind of conduct in one of its members, certainly the body would be willing to go on record as condemning that offense, and that is what the object of this resolution is. So far as the public is concerned, they will know that the Association, as a body the profession of South Carolina, condemns this thing. As it is, the suspicion is abroad. Nobody knows who does it, and nobody can find out, because a man who does it is not going to confess it. So that the suspicion is abroad that the thing exists, and I cannot see how it would injure the profession for us to express ourselves as a body, as condemning it.

Dr. Lander: It seems to me, as three or four of us have gotten up here and stated that this thing is not happening in our country (one man from Mullins, says that he did not know of its existence) and it seems to me that it would be a very untimely procedure for this dignified body to set itself on record, when we do not really know of its existence. If Dr. Rice can state a specific act, where a surgeon divided his fee with any one else, let him make charges against the man, and let us put the man out, for a specific charge; but as to the present status of affairs, it seems to me that it would be very undignified for this body to legislate against a thing that has not been proven. I certainly hope that Dr. Rice's motion will be lost, and I move that this resolution be tabled.

Motion carried.

THE MEDICAL AND SURGICAL TREATMENT OF GALL STONES

By JOSEPH GRAHAM, M. D.,
Durham, N. C.

Read before the South Carolina Medical Association at Columbia April 18, 1912.

MEDICAL TREATMENT.

Many sufferers from gall stone disease show marked cantra indications to surgical intervention. Persons who are very old, markedly anemic or cholemic, or who have some grave lesion of heart, lungs or kidneys, should be operated only as a last resort, if at all. Such cases as these should be given medical treatment. The sole purpose of medical treatment is to reduce the inflammation of the gastro intestinal tract. The cure of gall stones of their complications by drugs is an impossibility. Gall stones cannot be dissolved or removed by medicine. The complications, such as empyem of the gall bladder, adhesions, firiplæ and cirrhosis of the pancreus, are never cured by

medical treatment. Much can be done by medical means to build up the patient and reduce the effects of cholemia and prevent recurrence of attacks of colic.

SURGICAL TREATMENT.

It is held by many authorities that it is not wise to resort to radical measures for the removal of gall stones so long as they do not give rise to any grave disturbances. This would be a proper and reasonable view to take were the danger to the patient the same before and after development of these complications. This, however, is not the case. Experience has shown that there is practically no mortality in cases operated before the development of complications, while the deaths following operations might have been avoided had the operation been performed before the complications arose. "It was the mortality and complications of delay that placed the early operation for appendicitis on sound surgical footing. To remove the disease while still in the appendix was the logical conclusion." The same reason applies, and with equal force, to the early operation for gall stones. Remove the disease while still in the gall bladder, and avoid morbidity and mortality. Early operation is an attractive proposition, and offers certain definite advantages, increases safety for the patient, avoidance of complications, avoidance of serious illness, and ease of performance. Delay produces the complications, complications produce the difficulties, dangers and mortality. Surgeons are certainly justified in telling patients with gall stones that by operation they can be quickly and safely cured of their trouble, and be saved from long suffering and eventual danger But the surgeon must look upon the prognosis from the patient's point of view, and must thoroughly consider all of the difficulties and dangers of surgical treatment.

It is usually unwise to operate during the development of an acute attack of inflammation of the biliary tract. These cases fare better if tided over the acute exacerabation unless there is a localized collection of pus. For the acute exacerabation, Oschner directs rest—absolute rest of the body in general and of the alimentary tract in particular, avoidance of food and cathartics, lavage and rectal feeding. By these measures acute cases can be frequently tided over to a safe time for operation. The choice of operation will be determined in part by the local condition found when the abdomen is opened, but more often by the general condition of the patient and the skill and experience of the operator. In many cases, especially in old persons suffering from a severe infection, the operation which gives the speediest relief will be the most desirable. It is not the permanent cure of the disease at such a moment that is the surgeon's chief desire, but some safe means of giving relief to urgent threatening symptoms so the patient may be carried through a time of great peril; and later a more complete procedure for permanent relief can be undertaken. The chief dangers of operation are dissecting errors, wounding of important structures, and post-operative hemorrhage. Jaundice is the most frequent cause of post-operative hemorrhage. This is what makes the common duct operation more dangerous than cholecystotomy and even cholecystectomy. Every bleeding point must be carefully ligated. This is the best safe-guard against hemorrhage. Sepsis and peritonitis are best guarded by careful protection of the exposed surfaces, aspir-

ation of the infected bile and proper arrangement of abundant drainage. The chief difficulty of operations are adhesions and the certain removal of all stones. In dealing with adhesions, nothing is of as much value as experience. Considerable time and skill are frequently required to clean away the fog so that we can see the disease. The greatest difficulty is to be certain that all stones have been removed. While stones may be found by one or two fingers, such palpatation is always uncertain: even with the whole hand introduced into the abdominal cavity it is easy to overlook a stone. It is almost impossible to feel stones in a tense, distended gall bladder. In palpatating the cystic and common ducts for stones, much confusion is caused by the presence of enlarged lymphatic glands along the course of the ducts. Stones are more frequently overlooked in the hepatic and common ducts than in any other location. The best safe-guard against overlooking stones are incisions of sufficient length to admit the whole hand in the abdomen, rotation of the liver, careful, repeated systematic palpatation, instrumental examination, and, if the history locates the stone in the duct, incision of the duct and digital examination with the uncovered index finger. If the duct is occluded by stone, it will be sufficiently dilated to admit the finger. Stones frequently will be detected by the internal digital exploration of the ducts when external palpatation and instrumental examination have failed. The importance of the overlooked stone cannot be exaggerated. The overlooked stones produce renewal of symptoms and suffering, and the patient has to undergo a second operation and again be exposed to the dangers of anaesthesia, shock, hemorrhage and sepsis

This is a brief outline of some of the difficulties and dangers. Only those who do these operations can appreciate them. No branch of surgery is less suitable for the beginner. Complications may develop which tax the skill of any surgeon. The after treatment should always be in charge of the surgeon. The after treatment is usually simple and easy: the patient is left alone and recovers. Occasionally complications develop which, in their successful management, require all the skill and experience of the surgeon. The management of the drainage is important. Drainage should be left in until it has fulfilled its purpose and can be easily removed. The most frequent post-operative symptom is persistent vomiting. Early and repeated lavage is the only satisfactory treatment, and practically never fails to give relief.

The result of the surgical treatment of gall stone are universally acknowledged to be highly satisfactory. In no other branch of abdominal surgery is a final and permanent cure more certain to follow operation. Much would be gained if these cases came to the surgeon earlier, when they had gall stones alone and no complications.

Medicine and surgery must go hand in hand, each treating a separate class of patients, and always realizing that a surgical cure is the only final and definite one.

Discussion.

DR. C. B. EARLE.

Mr. President: The excellence of this paper and the importance of the subject certainly justifies a larger audience than Dr. Graham has met with today. I think Dr. Graham is open to criticism for the selection of the terms used. It rather carries out the old idea of the etiology and pathology of cholocystitis, and Dr. Graham rather gave emphasis to that view of speaking of the operative procedures for the relief of this trouble. Excepting only in the cases of mechanical obstruction do we operate for the removal of gallstones. We operate to cure the disease, and coincidently with the opening of the gall

bladder we remove the gallstones. We see too many cases in which gallstones can be palpated. However, the man often dies of some other disease, and unless it gets into some of the common ducts, we don't necessarily have trouble.

Our views have been changed with reference to the etiology of gallstone colic. I was taught that this colic was caused by the passage of the stone along the common duct. We know that it is not true, and that gallstone colic is due to the movement of an inflamed area, and, as Ochner has shown, if we empty the stomach and put those parts at rest, we will relieve the symptoms of gallstone colic much more quickly than we used to do by enormous doses of morphine.

The doctor has emphasized the importance of having the cases referred to a surgeon early, instead of waiting until ready to go to the undertaker, and in that way mortality has been decreased. Many of us have been mistaken for undertakers, I think, when the general practitioner has brought to us this type.

I wish to thank Dr. Graham for this paper.

HOW LONG HAS PELLAGRA EXISTED IN S. C.?

By DR. J. W. BABCOCK,
Columbia, S. C.

Introduction.—This is a presentation of recorded facts, so far as they are available. Records bearing on the subject, however, are few and isolated, and where they are wanting or connecting links are entirely missing, for collateral evidence recourse has been had to recollections and traditions, and finally even to judgment and inferences—confessedly not reliable guides either in medicine or in history.

My chief sources of information, however, have been the written records in the case-books of the South Carolina Hospital for the Insane, and the printed annual reports of its physicians. Contrary to expectation the most important and striking clinical memoranda discovered belong notably to the earliest or ante-bellum period of the history of the asylum. Unfortunately, these data are for the most part very brief, and many lacunae exist, thus necessitating the introduction of a number of separate details to produce a composite picture.

In carrying on my investigations I have conferred both with officials who have long had charge of our patients and with general practitioners. When inferences have been used, I have consulted pellagrologists of presumably unprejudiced mind, and have included their valued opinions.

Certain parallels in the history of pellagra, in this and other countries, have been drawn, and experiences in adjoining states have been cited where they have bearing upon local conditions.

In reaching conclusions it has been necessary to reject former diagnoses of my own as well as to suggest revision of those of other physicians, including my distinguished predecessors. But, so far as possible, the study is impersonal and has been made in the interest of truth, and its spirit is that of confession and explanation rather than that of adverse criticism or reprehension.

History.—In our State Hospital, pellagra was first recognized, in ignorance of any previous observation of the disease in the United States, by members of the medical staff about December 1, 1907. A statement of these observations was made at once, orally to officers of the State Board of Health, and on December 30, 1907, a preliminary report was presented, which was published in the 28th annual report of that Board for 1907. Our report was also printed soon afterwards in the *Journal of the South Carolina Medical Association* (Greenville, 1908, IV, 64-76), and in the *American Journal of Insanity* (Baltimore, 1908, LXIV, 703-725). Some comment was made upon it by the newspapers, one of the first being the *Charleston News and Courier* of January 14, 1908. Such dis-

semination of the subject at last attracted attention. For in the following spring and summer, although not a little skepticism prevailed as to the actual existence of pellagra in our State and elsewhere in the country, and although it was the object of considerable ridicule, yet a number of cases of the disease were recognized and reported in South Carolina, as well as in other States. The disease was identified with Italian pellagra in the summer of 1908 by two South Carolina physicians.

On October 29, 1908, our State Board of Health held a well-attended conference on pellagra in Columbia, and on November 3 and 4, 1909, under the auspices of the same Board, there was held a National Pellagra Conference in the same place. The transactions of this meeting proved to be a distinct addition to the literature of the subject. Since then annually in November a pellagra clinic has been conducted in Columbia by the State Board of Health. These meetings have helped to stimulate more than local interest.

Naturally, among the many questions about the disease, upon which all would like definite information—at least historically and statistically—are: How prevalent is pellagra? and how long has it existed in South Carolina?

In the preliminary report of 1907, nine cases of supposed pellagra, both remote and recent, were described. At the meeting in 1908, Dr. C. F. Williams, the State health officer, announced that he had received 269 replies to 942 inquiries sent to physicians in the state, reporting 187 cases of the disease. In 1909, after a careful investigation, Dr. Williams estimated that there were 500 cases of pellagra in South Carolina. The report of the Board of health for 1910 stated that between 500 and 800 cases of the disease had occurred in the state during the year.

In 1911, Dr. J. A. Hayne, the present state health officer, received replies from 250 physicians, placing the total number of pellagrins in the state at about 2100, of whom 1000 were under treatment.

A very brief summary of pellagra statistics by admissions to our hospital is: 1907, 4 cases; 1908, 42 cases, or 7 per cent. of total admissions; 1909, 92 cases, or 15 per cent. of admissions; 1910, 135 cases, or 20 per cent., and in 1911, up to November 1, 162 cases, or 27.7 per cent. of admissions.

These statistics apply to newly admitted cases. In addition to these, cases of pellagra have seemingly developed in patients long resident. While some skepticism about the existence of such a disease as pellagra still persists in South Carolina and elsewhere in the United States, its presence is quite generally admitted in 36 states besides our own.

Such statistics as those cited above raise the perennial question: Are we dealing with a new disease in epidemic form, or have we an increasing number of cases of a disease long endemic?

With slowly accumulated information, many physicians in South Carolina can now establish on retrospection the presence of pellagra in their practice, at least a decade before it was first reported, although the right diagnosis had not been made. We know however, that Dr. H. E. McConnell, of Chester, S. C., did make the correct diagnosis in 1903. What evidence have we of its previous occurrence?

Under date of October 23, 1909, Acting Assistant Surgeon Sams, of the U. S. P. H. & M.-H. Service, reported from Charleston in the *Public Health Reports*, that "Pellagra, as such, has but recently been recognized in this

city, the first case having come under treatment in March, 1908. There is a very general impression among the local physicians that pellagra has existed in the city probably twenty years or more, and has been incorrectly diagnosed as 'eczema,' 'dysentery,' 'intestinal tuberculosis,' etc., with dementia as a complication, of the reverse."

Besides the names erroneously applied to pellagra as quoted above by Dr. Sams, I may add several others: "syphilis," "malaria," "acute delirium," "hookworm," "dermatitis exfoliative," "tuberculosis of the skin," liver spots," "scurvy," "neurasthenia," "meningitis," "nurses' sore mouth," "sprue," "meningo-encephalitis," "neuritis," etc.

In answer to the question: If pellagra has existed in this country for years, why has it not been recognied? I beg to present two quotations:

In Spitzka's Treatise on Insanity (New York, 1883, pp. 124-125), it is stated that "*Pellagrous insanity* will not be discussed in this volume as it does not occur in America and it is limited to such countries as Italy, where maize forms a staple article of diet, and where the disease known as *pellagra*, which is attributed to the living on spoiled maze, occurs in an endemic form."

Osler says in his Practice of Medicine (6th edition, 1906 p. 384), "Pellagra . . . . occurs extensively in parts of Italy, in the south of France, and in Spain. It has not been observed in the United States."

It is not necessary to cite at this time other equally reliable writers to the same effect. The authorities said that pellagra did not exist in this country; therefore it was not looked for or, if suspected, a tentative diagnosis was given up out of respect to "authority." A. van Harlingen, the Philadelphia dermatologist, had stated, however, in 1882 that the disease was likely to appear in this country at any time.

The unpreparedness of the American medical mind to recognize pellagra, may best be illustrated by my citing again the fact that several years ago, one of the highest authorities on diagnosis in the United States, while visiting in South Carolina rendered the opinion that a case now recognized as pellagra, was suffering from "glossitis." The recalling of such opinions may not be flattering to one's diagnostic acumen, but it was the custom in Europe also for more than a century for pellagra to be misinterpreted and misnamed.

We may, with advantage, recall what is said by Babes and Sion upon this subject: "It is probable that pellagra appeared in Europe long before its scientific description. It was, however, classed with other different forms of disease, probably with various skin diseases, with diseases in general, especially with chronic intestinal and nervous diseases, as well as with mental diseases; especially would a disease with the very changeable symptoms of pellagra be considered as a manifestation of leprosy and scurvy."

So thorough and competent a student of the literature of pellagra as Sambon has this to say relative to the slowness with which the disease has already been recognized: "An important reason why pellagra was not described sooner, is that it was confounded with other diseases such as eczema, leprosy, erysipelas, and scurvy. Pujati, who first established the presence of pellagra in Venetian territory where scurvy was common, named it "Alpine Scurvy." Odoardi retains this name because, he says, the two diseases have a common cause, produce like effects, and are cured by the same reme-

dies. Sartogo (1791) called it "Mountain Scurvy," and Aldalli (1791) "Scorbutic Paralysis." Other writers referred to by Sambon have noted the resemblance of and alliance between scurvy and pellagra. It is important to bear this in mind in connection with clinical reports and opinions brought out further on in this paper.

The variety of names by which pellagra was called in Spain and Italy and France, is paralleled in the New World. For years before its final recognition in our hospital, the colored female attendants used to speak of it among themselves as the "rough skin" disease —a repetition of the *pelle agra* of the Italian vulgate. Its supposed relationship with scurvy when it was called "Alpine Scurvy" around Venice, is duplicated by the recorded opinions of early and recent physicians in our hospitals, as I shall show later.

At the pellagra clinic held in 1910, a physician much interested in the disease asked me to look up the records of a colored woman whom he had sent to the hospital some years previously, as he was now satisfied she had pellagra. This is what I found:

Hospital Case No. 8990. B. B., colored woman. Admitted Aug. 16, 1899. Age 36 years. Married. Native and resident of Marlboro County. First attack. Duration three weeks before admission. Menses irregular. Physicians' certificate: "Patient has attacks of an hysterical nature and depression over pigmented condition of skin." Examination on admission: "Of stupid appearance. Pupils normal; tongue clean and dry; straight; speech incoherent; nutrition fair. Heart and lungs normal. Some cough. Temperature 98.4 degrees F. Pulse 98. Respiration 14. Weight 98 pounds. Sleep disturbed. Skin of hands black and peeling off. Patient has a chronic diarrhœa. No fever generally. Converses sensibly and is anxious to get well and go home." Patient failed steadily, and after a hospital residence of three and a half months, died. Assigned cause of death: "Intestinal tuberculosis." On November 5, 1910, an attendant employed in our hospital since 1897, who remembers the case, as it was one of the first of the kind she saw, recalls these facts about her: "The patient had a rough, thick, scaly, dark-colored rash on the backs of her hands. The inflammation was also around her month and upon the forehead. The feet were black and scaly. Her diarrhœa was very bad. Before she died, she became rigid and had spasms."

That this was a case of unrecognized pellagra there can now be no doubt.

Following up this suggestion, I have gone through the hospital case-books of the last decade and have found notes also made by Dr. Sarah Campbell Allen on other patients that clearly indicate the presence from time to time of several forms of pellagra as we know it today. With your indulgence I will cite some of the most noteworthy:

No. 9081. C. S., colored woman. Resident of Beaufort County. Admitted October 22, 1899. "The patient seems quite feeble: has diarrhœa, sore mouth, and appears to have been salivated; cervical glands enlarged, irritating vaginal discharge, excoriating the parts. Probably specific." The patient died November 9, 1899, the assigned cause of death being cerebral syphilis.

No. 9277. M. S. Colored girl from Spartanburg, aged 15 years. Admitted April 17, 1900 and died the following October. Became bed-ridden and, for some time before death, "had a bullous eruption all over the body of the nature of pemphigus. Assigned cause of death 'general tuberculosis.'"

No. 9576. F. E. White woman, aged 33 years. Married. Admitted December 2, 1900. Died of "general tuberculosis" after a hospital residence of one year and eleven months. It is noted that the "patient's health has been poor for the whole time of her

stay. She had several carbuncles all over the body for months, and was treated with difficulty. Had frequent attacks of diarrhoea and eczema of feet and legs, from dew poison, and was emaciated for months."

No. 10208. N. C. White woman. Single. 25 years old. Admitted April 28, 1902. The patient is described as "profane, suspicious, suicidal. In July she is recorded as not doing well. Hands dry and brown. Apprehensive. Was given thyroid extract, gr. v, t. i. d. November 24, losing ground. Bedridden, depressd and apprehensive, refused nourishment and became emaciated. Death followed a series of muscular spasms. Diagnosis: Meingo-encephalitis."

No. 10224. M. A. R. White woman. Single. Aged 59 years. Admitted May 1, 1902. Described as melancholy. Fears that she will kill her children and threatens to get into the well. On admission was restless and noisy at night. In May, 1904, she is reported as having eczema of the hands and having failed in health for several months, died from intestinal tuberculosis.

No. 11860. E. F. M. White woman. Married. Aged 45 years. Resident of Barnwell. Admitted June 20, 1905, suffering from acute melancholia. This patient was ill upon admission, with bowels badly deranged and a greenish vaginal discharge. Her bowels continued troublesome. Had constant cough, eczema on hands, which also did not respond to treatment. Grew steadily worse, and died November 9, 1905, from general tuberculosis.

These meager records have been carefully transcribed, but they have also been supplemented by the memories and revised opinions of the physicians and nurses who attended the patients, and it may be affirmed that all these cases represent some form of what is now called pellagra. The co-existence and diagnosis, however, of other diseases, notably tuberculosis and possibly syphilis, are not denied.

Of interest here is the comment of Lombroso that "In Trieste are found a number of cases of albuminuria and of phthisis associated with pellagra. One can thus understand how the older Italian physicians confounded pellagra with phthisis."

It will be recalled, as part of the recorded history of the subject, that Dr. Sandwith, of London, having rediscovered pellagra in Egypt in 1893, has written that toward the end of the last century, suspecting that it existed in our Southern States, he corresponded with medical authorities and local physicians in this country, but failed to establish his theory through the denial by his correspondents of its existence here.

I am, myself, now satisfied that pellagra has been in our institution for 20 years. Dr. J. L. Thompson, assistant physician, is of the same opinion regarding its presence since 1882.

Miss Irwin, now supervisor of the white woman's department, who entered the service in 1884, is able to recall cases of pellagra among the white women from the date of her entrance: while a colored male attendant, J. R. Singleton, carries the memory of it back to about the same period among the colored men.

Dr. H. N. Sloan, of Ninety Six, S. C., asserts that pellagra was diagnosed as such in the early 70's in our asylum while he was assistant physician, but no written or printed record of the name has been found.

Dr. D. S. Pope, of Columbia, says that at least two cases of pellagra occurred in the South Carolina Penitentiary in the middle 80's. In making his diagnosis of these cases, he considered pellagra as a possibility, but ruled it out because the authorities said it did not occur in the United States.

In May, 1908, after studying, in one

morning, eight or ten cases of pellagra in Chester, with Dr. H. E. McConnell, we visited Dr. A. F. Anderson, then over 90 years of age,but unusually clear mentally. Dr. Anderson had had a very extensive practice in Chester County for upward of 60 years. He was also surgeon of the 6th South Carolina Regiment during the war. We described to him the cases we had just seen. He was much interested, but declared, greatly to our disappointment, that he could not recall ever having seen the clinical picture we described.

As evidence corroborative of recollections in South Carolina, I may state that the older physicians at the Georgia State Sanitarium at Milledgeville, think that pellagra has existed there probably for about twenty-five years, and those at the asylums at Raleigh and Goldsboro, N. C., for ten years prior to 1909, when inquiry was made. Dr. I. M. Taylor, of Morganton, N. C., places the probable occurrence of pellagra in the State Hospital there at 22 years prior to the same date. Drs. Wood and Bellamy, of Wilmington, N. C., have traced a case of pellagra in that state to 1889.

The earliest published accounts of pellagra in the United States, yet reported, were observed in asylums at Utica, N. Y., and Somerville, Mass., in 1863-64; also it is claimed that both pellagra and hookworms prevailed at the Andersonville, Ga., prison in 1864.

Of course, if pellagra has existed in South Carolina all these years, some cases of it, as now, must have been committed to our hospital, and *vice versa*, its occurrence in the asylum would indicate its presence in the state at large.

Furthermore, if pellagra has been present in the state and in the asylum, the deaths of patients suffering from it must have been recorded under other diagnosis, because of our ignorance of the condition. What then do the mortality tables of the annual reports show that may now be regarded as probable pellagra?

Following these reports backwards,I find, in the report for 1904, a case recorded under the diagnosis of dermatitis exfoliativa, for which diagnosis I am responsible. I remember the case well, for it puzzled me greatly, and I made a strong appeal to the authorities, both of general practice and dermatology for help.When the time came to sign the death certificate,the diagnosis recorded above was the best I was able to render. Of course, I know now that the poor woman whose epidermis peeled off and whose hands and feet became gangrenous, died of pellagra of the so-called "wet" type.

In passing, I recall another case now known to be pellagra, in a colored woman at about the same time, which I diagnosed and treated as "scurvy." She is still living and has had only one relapse—last year—in the seven or eight subsequent years.

During my term of service since 1891, the most common diagnosis that I find as applied to the fatal cases of probable pellagra, are: "intestinal tuberculosis," when the diarrhoea was most pronounced; "general paralysis" and "meningo-encephalitis" for the cerebal and spinal cases; "syphilis," when the skin lesions were marked; and "acute delirium" for the fulminating mental type.

In the mortality tables of the earlier annual reports, I find from 1890 to 1878, "consumption" and "exhaustion" are the most commonly assigned causes of death, but besides these, "inanition," "marasmus," "anasarca," "dysentery," "ascites," and "gangrene" are frequent. Chronic dysentery and chronic diarrhoea, which play so large a part in

the earlier mortality lists, are comparatively rarely mentioned. To cite a case of this period, we may take that of: Miss E. L. White woman. Admitted from Charleston County, May 30, 1887. Died May 11, 1891, from "inanition." Previous history: "For about three years, this lady has been having hemorrhages from the uterus. For the last three months, these have been checked and the periods normal. She is restless by day, but sleeps well at night. Her mental derangement is increasing and she believes she has a number of suitors, but her sister prevents her seeing them. Dr. X. (a famous specialist of New York), whose patient she has been, considers her a case of 'cerebral inemia' with prognosis bad."

The patient is described as a decided blonde, cross and irritable, with a mania for eating corn starch. She would quarrel with her nurse until she went to the laundry and got starch for her. She became emaciated and died from obstinate diarrhœa. As pellagra is now understood, she no doubt had that disease, associated with amylophagia. It will be recalled that Dr. C. C. Bass, of New Orleans, has recently directed attention to this association.

For some years previous to 1876, I find records of many cases of chronic diarrhœa and dysentery, as well as one each of pemphigus and gangrene. In 1875, Dr. Ensor, the superintendent, assigns the death of four patients to "chronic diarrhoea,resulting from organic disease in the great nerve centers," and in 1873, "six (deaths) from chronic diarrhœa, resulting from disease of the brain." But we must not forget that chronic intestinal disorders have long been recognized as the bane of charitable institutions in this country and abroad. Therefore, the occurrence of these conditions does not necessarily denote the certain existence of pellagra. These notes are important chiefly in connection with present conditions and earlier records.

In 1864, Dr. Parker states that most of the causes of death were the result of long-continued mental and physical disease, including convulsions, chronic diarrhœa, consumption and dropsy. In 1859, Dr. Parker states that the most prolific cause of death was the result of long-standing chronic diarrhœa. In the case-books I find a note of purpura recorded as lasting over a year.

From the printed annual report of 1850, I take this extract, written by the superintendent, Dr. D. H. Trezevant, one of the most distinguished physicians ever connected with the institution, which he had served from its opening in 1828.

"In every institution many patients are admitted with shattered constitutions, whose vital powers are exhausted, and the recuperative energies of the system entirely destroyed. Such is usually the termination of those who become imbecile, either from neglect or mismanagement, in the earlier period of the attack; their brain and nervous system give way, and they die from bowel complaint, dropsy and the effect of exhaustive powers.

"Many have been admitted this year with so feeble a circulation that their limbs and bodies have become purple, and after the closest and most sedulous attention, ulcerations would occur, and they die from the effects of the long-continued irritation. Many of those who have been some time with us have perished from anasarca, diarrhœa, and epilepsy. We have now two in the institution threatened with purpura hemorrhagica, and as they are idiotic, they will most certainly die. It is very difficult for a lunatic to rally if once his bodily health becomes injured, and he suffers from the prostration consequent upon excessive discharge of the mucous sur-

face. Diseases of the abdominal and thoracic viscera kill about one-half of our patients."

To get an unbiased opinion, I submitted this quotation to Dr. F. M. Sandwith, of London, who not only knows pellegra when he sees it, but also when he reads imperfect descriptions of it. This is what he has written me:

"The report of your predecessor is interesting and, of course, it may betoken pellagra, but I think it just as likely to have been the effect of scurvy. Sixty years ago, medical terms were not used with the precision that they have now-a-days."

The latter comment is, however, illustrated all through this investigation.

Dr. C. H. Lavinder, of the Marine-Hospital Service, has written from Savannah, Ga.:

"That typewritten copy from an old asylum report was of great interest. It looks very much like pellagra to me. That is, it seems to me as if they were having at least a few cases of pellagra."

A careful analysis of the statement of Dr. Trezevant, taken in connection with what precedes and follows makes me believe that he had before him the clinical picture, obscure in its outlines, it may be, but still the picture of pellagra when he wrote the above paragraphs. No doubt, scurvy was a distinct entity to him and he would have recognized it. Pellagra was probably unknown to him as it was to most of his successors even up to our day. Furthermore, cases of scurvy were not likely to occur among an agricultural people in the general population in ante-bellum days, and even if it did to go unrecognized.

In looking up the clinical records of Dr. Trezevant's superintendency, I have found frequent references to cases of diarrhœa or dysentery and exhaustion. But the proportion bears no relation or comparison with pellagra as we have it in our statistics. Dr. Trezevant had seen practically all the cases under treatment for the 22 years prior to the report of 1850, first as regent (manager) and from 1836 as physician.

It has been impossible to go over, with care, all the case-books. In the period before 1850 there are brief notes by Dr. Trezevant upon cases of probable pellagra, but it will save time and space to reproduce at length a minutely recorded case, especially as it belongs to our very early history. The case is recorded in the writing of Dr. James Davis, the first physician of the institution, in Case-book No. 1, pp. 160-163.

James Craig. Aged 28. Single. Received from Lancaster District February 14, 1834—the 118th patient admitted to the lunatic asylum.

The patient had recovered three years previously from an attack of insanity lasting a month or two. The existing attack began suddenly three months before admission. The preliminary history states that the patient was violent, homicidal and suicidal. The records show that for a time after admission he received, without benefit, the usual revulsive treatment of the period.

April 15th, *Insomnia and profuse diarrhoea are noted.* (From this date the records are copied *verbatim et literatim.* Italics are use when the symptoms indicate pellagra.)

"May 2nd, Ord. 20 grs. P. G. Camph. to be added to each dose. 5th, Better rather than worse—Med. continuant. May 23d. More quiet—*bowels loose.*—Cont. Laxa. Medicines except the mercury—Discont: it as his *gums are inflamed with some pytalism*—27th, Continue camph. and Hyos:—June 4th, *Emaciates*—cont: med.—*has diarrhoea*—Give Cret. & cateche—7th, Diarrhœa continues—Ord. Calomel: 15 grs. in 5 gr. doses, 2 hours apart; with Cont. ppt.—Discontinue Hyos: & camph: for the present—10th, *Diarrhoea has ceased*—he is stronger—10th, *Tendency to diarrhoea*—Ord. an occasional dose of catechu & Chalk—15th, looseness dis-

appears—18th. *Very crazy*—natl. stool. Ord. Prussic acid: 1 drop every hour—10th—Acid produces no sensible effect. Cont: same doses today—tomorrow encrease to 2 gutt:—next day to 3 gutt: 22nd. Produced no manifest effect except that there seems to be more mental composure. Ord. Suspension Meds. 25th. Same. 27th. decidedly better in mind—28th. *Seized with another return of diarrhoea*—Ord. Cret: & laud:—29th. *Diarrhoea very severe—liquid—but natural color generally—sometimes white & chylous. Ord. Sp:* Camph 15 gutt: with 10 grs. cret: every 2 hours. 30th. *Emanciates—bowels irregular—Ord. Diet, boiled milk & dry* bread—July 2d. Same—3d, *Bowels loose at night.* Ord. Cal 5 grs. July 4th, Ord. Canell: Alb: 25 grs. bis in die—5th Rather better. 7th, Do. Ord. 1 Dr. Solut. S. Quin. every morning—in addition to the canel. alb:—16th. bowels better—health improves—mind at times very crazy but in main better. 22nd, Same, bowels a little disposed to diarrhœa. Ord Lac. Asafœtid: i. e. 10 grs. G. Asafœt: noct. maneq: dissolved in water—Aug. 10th. mind the same—*Bowels loose, especially of nights.* Ord. Sulphuret: Hydrogen 10 grs. noct. maneq:—Omit Lac. Asafœt:—12th. Mends—bowels less loose—20th. The sulphuret seems to control the diarrhœa—encrease the dose to 15 grs.—*The skin of the upper part of the feet turned of a sombre brown color—perhaps some form of the purpura*—Ord.—Med. continuant:—and a lotion of red oak bark decoctn to feet—31st, Better—Bowels more regular—*feet that got into sores healing.* Sep. 5th. Bowels too loose again—the Hepar Sulphur: has been discontinued for a few days for want of the article—Ord. Commence with again—7th. Bowels too loose—mind the same—gains flesh—10th, *Bowels still loose—feet better*—no other change—Ord. A course of minute doses of calomel and Pul: Ant: say 2 grs. P. Ant: & 1-16 of a gr. of calomel three times a day, morning, noon & night. My object is to promote a continued stimulation of the extreme vessels & nerves for a long period—so regulated as to avoid the sedative action of the mercury on the one hand and salivation on the other—16th, *The Purpura encreases and is spreading over the hands—as I suspect this affliction is connected with a scrobutic habit.* I apprehend the mercurial course will disagree—Ord. Discont mercurial, and substitute 6 grs. Acid: Tartar: Mane nocteque—23rd, no better—*Diarrhoea at night as bad as ever*—and for the last two days have given a wineglassfull of decoct: of red oak bark instead of the tartaric acid—but with no good effect.—Ord. Disconct: Decoct: red oak bark; and administer eight drops of Tr. Iodine night and morning—to be increased one drop every night—Oct. 4th, *Diarrhoea at night incorrigible*—Ord: Add a decoction of Liatris Spt: to each dose of Iodine—Oct. 5th, Bowels rather worse—Ord: Discontinue all med: except the decoctn of the Liatris—give that pretty strong, half a tumbler night and morning. 8th, *Much puffing of the face and feet—purpura reappearing. — Bowels equally loose*—Stools more colored—Ord. Tr. Colchicum 8 gutt. noct: maneq: in addition to the Liatris—12th Swelling diminished—bowels worse—Discont: colchicum & Liat. 15th, Same—*His case is decidedly scorbutic* Ord. a diet of turnips and horseradish—25th, Rather better—Nov. 1st, As perhaps the diarrhœa depends on ulceration of intestines, discontinue all other medicine,and give 1 gr. Sal. Mast: every morning and 2 grs. every night. Also continue diet of turnips. 10th Rather better—17th, He is no better—Ord. Discontinue the Sal. Mast: & give 10 grs. Ext. Cocuta nocte maneque. 21st, *Gets worse*—22nd, *He expired.*

The original notes of this case have been submitted for criticism among others to Drs. Lavinder and Grimm, of the U. S. Public Health and Marine Hospital Service; to Dr. Robert Wilson, Jr., of Charleston, Chairman of the South Carolina State Board of Health; and to Dr. J. J. Watson, of Columbia. They all independently agree that Dr. Davis has described an undoubted case of pellagra, as we know the disease today.

In commenting upon the case, Dr. Sandwith, the London pellagra grologist, writes: "Many thanks for sending me copy of the interesting record of 1834 from your hospital. The case

may well have been pellagra, but I suppose it might be urged that it was scurvy with purpuric rash."

Scattered through this ancient casebook are records of similar cases, but none so complete. Some of the phrases used by the same writer in describing other cases may be noted, as "swelling of the feet and legs with redness of the skin" of a patient who died of diarrhoea, December, 1835. Another patient with three to six ash-colored and very offensive evacuations a day, had a "tongue too red and glazed"; another with "face and legs puffed with a singular puffing, not edematous, such as all our fatal filth-eating patients are attended with, whether attended with diarrhœa, dysentery or chronic fever." Still another patient, S. J. M. admitted in 1828, had in January, 1832, "an eruption somewhat herpetic on his neck, shoulders and arms. February 20. Eruption considerable. March 19. Eruption continues. In ordinary health April to July." Another patient admitted April 3, 1834, had dysenteric symptoms.

"August 1st, legs swelling. 14th, bowels morbidly irritable. 20th, bowels less irritable, legs very purple or rather red. Legs less swollen, but will die. Sept. 1st, swelling diminished: Diarrhœa increased. 5th, suddenly seized with spasms and cramps of left side and limbs. Diarrhœa continues. 7th, Delirious. 16th, Expired, emaciated to a skeleton, this morning."

Conclusions.—It appears from all these imperfect and detached records that there has been in our institution for many years, probably from its opening in 1828, an elusive malady which has puzzled all physicians in charge. Some of these cases have developed seemingly in the institution, but the large majoriy of such patients have been admitted with the disease, thus establishing the fact of the endemicity of the condition.

Opinions about the disease have varied with the physicians, but the similarity of the condition of scurvy has been recognized early and late, and for a long time—1834 to 1865—it was also considered of a purpuric nature.

If we admit upon the testimony of those now living the existence of pellagra, and, therefore, in the state at large, for 30 or 40 years or more, how shall we deny its presence here 60 or 80 years or even longer, in the light of Dr. Trezevant's published opinions and Dr. Davis' clinical notes? On the other hand, how shall we explain the recent great increase in the number of cases? If pellagra had existed in its present proportions it could not have been overlooked altogether or been entirely concealed under erroneous diagnosis.

I think I may be pardoned for quoting a paragraph from the preliminary report to the State Board of Health in December, 1907:

"It is the opinion of the older members of the staff, that cases presenting pellagrous symptoms have appeared among our patients for some years, and the real nature of the malady has not been fully recognized and determined, but that latterly it is becoming much more frequent. These patients have come from various parts of the state, being possibly somewhat more numerous from the Piedmont section."

These early inferences have been fully confirmed by later experiencs and investigations. Therefore, to one familiar with the conditions and disease-picture of pellagra as found in South Carolina today, these notes on medical history render it highly probable that pellagra has existed in the state for many years, but under a varied diagnostic nomenclature.

In the early days, the prevailing fatal disease as recorded in our hospital were "chronic diarrhœa" and "dysentry"; in the middle of the postbellum period, these terms were largely supplanted by "consumption," "exhaustion," and such vague diagnoses as "inanition," "marasmus," and "anasarca"; while in the last two decades, "tuberculosis" "meningo-encephaltis" and "syphilis" have taken precedence over the older and time-honored ed diagnoses. Can we infer that under these terms some cases of pellagra may have been hidden and misinterpreted?

Making due allowance for differences in the personal equation of the several observers, we cannot believe that changes in endemic conditions have been

so great or radical as is implied if we accept the theory that pellagra is a new disease in South Carolina. For evidence is accumulating which proves that as the diagnosis of pellagra becomes more common, some of these other diseases have notably decreased. Recognizing also that pellagra has always been a disease of most subtle and obscure nature and difficult to diagnose in new territory, we cannot but suspect that if such a malady exists among us today to the extent statistics show, then the same condition must have been present in our state for a long while, under many of the disguises it has always assumed.

It cannot, however, be affirmed with equal probability that the disease has prevailed for nearly a century in anything like its present proportions. To explain this increase is one of the problems of the epidemiology of the disease. Probably pellagra has been endemic in the state for many years, but recently, from some cause, an epidemic has occurred.

As stated in the introduction, this is a presentation of a few interesting records, some memories and traditions and not a few inferences. From such data as I have presented, each may draw his own conclusions.

Personally, I cannot claim to have answered directly the interrogative title of my paper, but from the facts and traditions here assembled I feel convinced that pellagra is by no means a new disease in South Carolina and that it has probably been present in our State Hospital from its opening in 1828. Beyond that period, I have no data. It is worth remembering, however, that in 1829 the first publication about pellagra in France appeared. This event marked the beginning of many decades of interesting investigation and controversy now a part of the history of the disease.

THE CONTAGIOUSNESS OF LARYNGEAL AND PULMONARY TUBERCLOSIS.

By W. PEYRE PORCHER, M. D.
Charleston, S. C.

I have been convinced for many years that much of the teaching in regard to the contagiousness of laryngeal and pulmonary tuberculosis was erroneous. I have ventured to submit some extracts and comments on this subject for your consideration. It is always easy for the little minnows to swim with the current, but it takes a big fish to stem the tide, and so it is much easier to run with the fadism of the day than to be true to one's convictions. The trend of teaching in recent years in regard to the contagiousness of tubercular laryngeal and the pulmonary disease is very nearly on a par with that of scarlet fever or small pox. Only recently an instance was reported to me of the occupancy of a room for one week by a tubercular case. The most insistent demands were made that every article used by the patient should be destroyed and the walls thoroughly fumigated, etc. Tuberculosis is, in my opinion in no sense contagious as inferred by the above. I have known tubercular cases to be avoided on the streets for fear of contagion. I have been informed that the streets of a large city like Asheville, N. C., were so infested with tubercle bacilli that a sojourn there meant certain death. I need not state that innumerable number of cases of active tuberculosis have been treated there and returned home after varying periods in robust health.

In an article on "The Contagiousness of Consumption" in the *New York Medical Journal* for June 24, 1911, Dr. A. V. Meigs, of Philadelphia, Pennsylvania, says:

"It is my desire to direct attention

to things that at the present epoch are incorrectly represented, and to things that, in the attempt to manage the disease and to prevent and to cure it, are done that should be done differently, or left undone. It is commonly taught that consumption is contagious. Without making any attempt to give a final answer to the bald statement that consumption of the lungs is contagious, the question may fairly be asked whether the prevailing beliefs on the subject are correct. There certainly is good reason to think that the danger of contagion is exaggerated and that much unnecessary fear of it exists, and that hardship and even cruelty to the sick and to their families are caused by unreasoning fear. In the *New York Evening Post*, of August, 28, 1909, there was quoted an article by Dr. Beverly Robinson, of New York, which appeared in the *New York State Journal of Medicine*. "It is a source of real sorrow to a man as he grows older and considers carefully and calmly his professional experience, to note that harmful opinions and practice prevail," says Dr. Robinson. "Sane, conservative, well balanced, broad minded judgment is very frequently at a discount. It is not rarely the young man with comparatively limited knowledge and experience, but filled to an excessive degree with advanced information and with an undue appreciation of his own value, expressed or tacitly accepted, who simply claims first place as a sort of right.

"To his predecessor, who has reached that sense which comes only as the result of many years of work and service, he yields a very small quantum, if any, of allegiance. And thus every new fad or fancy of the hour, or the day, is almost sure to meet with a certain amount of popular acquiescence. . . .

"Look a moment at what is being done about the 'white plague,' so called. How foolish, unwise, wrong, a great deal of it all really is. Is tuberculosis contagious, or rather, transmissible? Yes, slightly so, under certain conditions, but these can be very easily, and with very little expense relatively, absolutely guarded against in many instances. . . . The worst final result of all the foregoing, and very much more might be added, is to increase in my humble judgement, 'man's inhumanity to man.' "

I have a little book entitled "Consumption Not Contagious," by Duncan Turner. The preface to the first edition, which was published in 1894, is as follows.

The object of this little work is to dispel, or at least to combat, what are regarded by the writer as heterdox opinions concerning the contagiousness of consumption. . . .

The preface to the second edition of the book, published in 1900, contains this:

Six years have elapsed since the first edition of this little book was published. Its reception could hardly be said to have been cordial. Indeed, a well known Sydney firm of booksellers refused to sell it or have anything to do with it, urging as a reason that it was a work calculated to do harm. How they came to this conclusion is best known to themselves, but I have every reason to believe that it has not done harm, but good, and that the book itself has been a source of comfort to many outside of my own circle of patients. Moreover, the views put forward, although in direct opposition to those accepted by the leading medical journals at the time, have been confirmed by probably the highest tribunal that was called together to consider this question. The congress that sat at Berlin in the autumn of last year was attended officially by representatives of all the civilized powers of the world. These delegates were distinguished physicians and men of science, chosen by their respective governments. This convention considered tuberculosis as a whole, but in reference to contagion they have the following resolution. . . .

> "Tuberculosis in general, and phthisis or pulmonary tuberculosis in particular, is not catching in the popular sense of the word. The disease is not conveyed by the breath, nor even by coughing, ex-

cept as a rare exception, nor is it caught by contact with a consumptive patient."—(Trans. of the Berlin Conference on Tuberculosis. 1899. *Lancet*. July 15. 1899.)

That such views should find favor in the city of Koch, whose discoveries gave rise to the whole discussion, is in itself significant, and shows that the extreme opinions so much advertised a few years ago are giving way to more moderate ideas.

The additional evidence I have been able to adduce in this edition will, I trust, convince any reasonable person of the truth of my contention, especially the testimony of the medical superintendents of large sanatoriums like Falkenstein and Goerbersdorf.

In 1898, I visited the principal sanatoriums of Germany and Switzerland, and although care was taken in all of them as regards the destruction of sputum and other precautions, not one of the superintendents believed in contagion, indeed some went so far as to say that even the precautions that were taken were more in deference to "advanced medical opinion" than to their own conviction on this question.

The book contains arguments which it seems to me could not fail to impress any unbiased mind that the beliefs prevalent regarding the contagiousness of consumption are erroneous. For my own part, I am quite convinced that the word contagious is misapplied when it is in any way connected with consumption. To this conviction I have been driven by an extended clinical experience, and by my reasoning upon such facts as I have been able to obtain from reading from other sources. It is inconceivable to me that any one who has ever practiced medicine and has seen how measles and whooping cough, diseases which are typically contagious, arise and are propagated, can apply the word contagious to consumption.

If there were any truth in the theory of the extreme contagiousness of consumption, how many devoted wives who have nursed their husbands through prolonged illnesses would themselves be doomed to a lingering death! How many instances do we see where one death occurs in a family and when no other cases follow at all. Of course, we all know of instances where amid unhealthy surroundings, damp, water-soaked buildings, where whole families either become infected or succumb to the disease, but here again we cannot prove that the bacillus tuberculosis was not a product rather than a cause of the disease. It is doubtful if there ever has been a clearly proven instance of infection from a unhealthy to a healthy individual.

Unquestionably, fresh air and sunshine are the greatest opponents which we have to tuberculosis. No sputa would even remain contagious, admitting the possibility of such a thing, if it was exposed to a sufficient amount of sunshine for a sufficient length of time. Therefore it is the elements of dampness and darkness that we should work against, and not the patient himself, per se. A patient suffering from any stage of tuberculosis should be immediately transferred to places of known sanitation. As in all other diseases, he should be treated systematically. If he has temperature, rest is primary requisite. Constipation and indigestion being the almost universally accompaniments to fever, should at all times be rigidly attended to. When the temperature subsides there is no drug in the pharmacopea so potent as tuberculin. This drug has been hounded down by those unfamiliar with its use, but no one who has ever tested it personally will lose faith in its efficacy. Of still greater importance is not fresh air alone, but a change of air. The heavy damp air of the seaboard is unquestionably worse for a tubercu-

lar subject than the dry, rarified air of mountains. Loading the stomach with milk, eggs and other concentrated foods will inevitably produce disastrous attacks of indigestion and constipation. The diet of a thoroughbred horse entering for a great race, should be no more carefully supervised than that of a tubercular patient whose digestion is already weakened by fever and cough.

We know full well that there are certain cases of tuberculosis which are incurable, and this not alone in the latter stages, but almost from the beginning. Such a case as this came under my care. A young girl just at the age of puberty showed no signs of the disease except the regular tubercular temperature. She was in good flesh and had it not been for the thermometer, and the general malaise, the disease never would have been recognized. The menstrual flux was brought on with the aid of medicine and every symptom pointed to a quick recovery. The temperature, however, persisted in spite of everything that could be done. She was given minute doses of Denney's tuberculin, which is the only form which is said to be admissable with a running temperature. Finally as nothing served to break the course of the disease, by the advice of another physician, she tried the fresh air cure, was made to sleep out of doors, etc. A sharp intercurrent of pneumonia supervened and the end was at hand. My diagnosis was Milliary tuberculosis, producing an inflammatory condition of the whole system, which resisted every form of treatment. Had this child been sent to colder, more rarified climate in the incipiency with the most carefully controlled regimen, a different result might have been obtained, but even this is problematical.

A second class of cases are those of women whose powers of resistance have been so weakened by loss of hope, bad surroundings and worse treatment that the menstrual flow becomes abolished. A case in point was that of a woman whose husband was a drunkard and who had taken to prostituting, and his wife, realizing the sorrow ahead of her, simply gave up hope and surrendered herself unto death. These cases are the saddest tragedies in human life which we meet with, like the awful lines over The Bridge of Sighs:

"All give up hope who enter here."

Or as the poet has compared the utter hopelessness of it to

"Two vultures floating in the upper air,
On wide expanded wings beneath the blue,
Circle on wider circle within view,
Higher and higher still, until the fair
Far vision builds a splendid dream, with care
And sordidness excluded, and a new
High noble life made possible and true.
This wins my spirit from its old despair;
But when the vulture nature once again
Prevails above the instinct that aspires,
And downward at the call of low desires,
Headlong with folded plumes they plunge, the pain
And all the grief of life comes back amain
And then hope mocks and love and faith seem liars."

There is no more hope of one who desponds than there is of a dead man, and it is a crime to urge a patient with tubercular temperature to take exercise or too much fresh air. These are axiomatic facts in the treatment of this disease. Or again to fail to urge a patient with tubercular laryngitis to rest his throat absolutely, is equally criminal. On account of insane pursuit of what is called fresh air and exercise, many patients cross the Rubicon before they ever reach the hand of a competent medical advisor. The law that we must assist nature rather than hinder

her, obtains more in the treatment of a prolonged illness like tuberculosis than any other disease. It has been found that such non irritating applications as orthorform and oil sprays are far more beneficial than any form of caustics. Forcing the throat to work is just as unwise as it would be to force an ulcerated eye to work.

That the want of sunshine and fresh air are not alone the chief causative factors in the production of consumption, is proved by the fact that the percentage of farmers and those who have the greatest abundance of both, is 8.7 per cent. Strange to say, the rate of mortality among miners and quarry men is also 8.7 per cent. Hence the intelligent treatment of a case of tubercular disease must depend upon rest, change of air, good food, and tuberculin. Recently the use of autogenous vaccines has received many advocates. This treatment has yet to be developed to its greatest extent. In the laryngeal variety the imperative necessity of rest to the throat has been already demonstrated. In an article on "Rest in the Treatment of Laryngeal and Pulmonary Tuberculosis," read before the American Laryngological Association in September, 1905, by the writer, the statement was made that "Failure to observe the precautionary measure of laryngeal and bodily rest in tuberculosis during any degree of pyrexia, is simply criminal. This being the case, is it not equally indicated in the apyraetic stage?"

It is gratifying to believe that the disease is now amenable to treatment at almost any stage under proper surroundings and treatment, provided of course, that the general health of the patient has not become so undermined that restoration to health has become an impossibility.

MINUTES

Of the Scientific Session South Carolina Medical Association, Columbia, S. C., April 17th, 1912.

Divine Invocation—Thornton Whaling, D. D., Columbia.

Almighty and most gracious God, Our Heavenly Father:

We beseech Thee for Thy blessing upon Thy servants assembled here to hold conference upon the high interests of the great profession in which they serve Thee by serving humanity. We pray Thee for Thy quickening and illumining presence in this convention, so that breadth of sympathy, sureness of vision, delight in the fresh discovery of truth, and loyalty to the highest ideals of duty, may mark all of their deliberations this day.

We thank Thee for the hosts of noble physicians, who in the relief of pain and in ministering to the health and sanity of their fellow men have illustrated the spirit of service and the spirit of religion. We thank Thee for the high calling represented here by men whose delight it is to bring the gentle and healing ministry of their science and skill to the bedside of sickness and distress.

We acknowledge Thy goodness and grace, O Lord our God, in giving to the world in such large measure in our own day those brave spirits who have devoted their lives in the stillness of the laboratory and the study of the discovery of new cures for humanity's ailments and distempers, and who have done much to banish the fear of sickness and death through the art which brightens pain and makes death easy.

And now we ask that Thou wilt baptize these Thy servants into the spirit of their high calling; may they all recognize Whom they really serve when

they minister to the least amongst the children of our common and loving Father. We pray that while they heal the bodies of the sick and the diseased they may be saved from the subtle taint of that unconscious materialism which forgets the deeper ills of human hearts and minds.

In the spirit of the Great Physician and Healer, may each one of Thy servants do daily his work in the homes where the shadows have fallen, and may they all learn something of the art of carrying with them everywhere the light of that sun which is always shining upon all the children of the Heavenly Father.

We ask it for His name's sake. Amen.

Address of welcome by Hon. Wade Hampton Gibbes, Mayor of Columbia.

Members of the S. C. State Medical Society:

It is always with diffidence that I appear before such bodies as yours to represent the City of Columbia and bid you welcome in the name of her citizens, for my fear is always that I may fail to do justice to my people or their guests. On this occasion I have a special feeling of "*mauvaise honte*" for it seems that a higher officer than the Mayor of Columbia should appear in the Legislative Halls of the State Capitol to greet the assemblage of those who typify our highest citizenship, the State Medical Society of South Carolina.

Then, too, gentlemen, if by chance there be any petential malefactors among you, they are missing a great opportunity, for I cannot promise them a pardon if they break the laws, as the governor always does on these occasions.

Recently I heard of a stranger who was taken ill in a metropolitan city and whose landlady asked him in alarm if she should send for a doctor and what kind, whether an allopath, a homeopath or an osteopath. He replied: "It makes no difference, the paths of doctors lead but to the grave."

At any rate, gentlemen, may all your paths be paths of peace and may they often lead you to Columbia which is the common property of all the people of South Carolina as their capital city, which is yours as well as ours, and which, her city government backed by her progressive citizens, is endeavoring to make worthy of the glorious past, the prosperous present and the greater future which have been and will be common to Columbia and South Carolina.

Away with anything like provincial and sectional feeling from the Savannah to the Waccamaw and from the lines of the old North State to the shores of the Atlantic and let all true Carolinians unite for development and improvement in agriculture, in business, in schools and in politics. Only by uniting and working for the good of the State in her governmental departments may we hope to bring about her enduring good in industry and education.

Pardon my allusion to my own people, but it is especially pleasant to me to greet the physicians of South Carolina. In my mother's family, the Masons, of Virginia, from her father down, there has been an eminent physician representing the family in each generation.

On my father's side in South Carolina, I have a personal recollection and knowledge of four generations of doctors. In 1866, when five years of age, I remember seeing my grandfather, Dr. R. W. Gibbes, for some time daily until the day of his death. In 1875, Dr. W. Gill Wilson brought my uncle,

Dr. R. W. Gibbes, Jr., home to die, and well do I remember the composure with which he bade us goodbye as one about to "lie down to pleasant dreams."

Today to my benefit I am thrown in happy association with Dr. R. W. Gibbes the third, and in June my own son will graduate with high standing from the medical department of the John Hopkins University. May he prove worthy of his medical predecessors.

But my associations and affections as to the doctors of the City of Columbia are not confined to those of my blood.

That splendid quartet of the older members of the profession, the sterling Trezevant, the devoted Taylor, the princely Darby and the genial, cultivated and loving Talley are linked in my mind and heart with the best I ever knew of the qualities that tend to elevate mankind.

Dr. Talley's memory will live with me as long as I myself shall live. Often have I known his very presence to drive the tear of anxiety from my devoted mother's eye, and that presence brought sunshine into the sick room upon the darkest day, and even helped to rob death of his sting.

His intelligence, love, sympathy, kindness and care did more for his patients than all the medicines of the pharmacopoeia. What his friends and patients suffered, he also had suffered and his knowledge of the bitterness of life helped him to turn the bane that had poisoned him into an antidote for others.

Though he was thirty-five years my senior yet he stooped to let his greatness meet my humility and many an evening did I spend with him in his office until the small hours, charmed by his wit, his learning, and his splendid conversational talent. To know him should have been a liberal education to me had I but been able to reach up and grasp it.

He too died unafraid and his genial wit lived with him to the last. He went to his death, as Thackeray expressed it, as if he were only going into the next room to wait alone a little while until loved ones could come and join him there.

No wonder his devoted patients erected a monument to the memory of their "Beloved Physician" and inscribed upon it "Greater Love Hath No Man Than This, That a Man Lay Down His Life for His Friends."

In the names of these men whose memories keep green in our minds the garlands that belong to your profession; in the names of their worthy successors who are with us now; and in the name of all the people of Columbia I extend you again a hearty welcome to the Capital City of South Carolina.

Response to the address of welcome by the President, Dr. J. W. Jervey.

It is with genuine pleasure that I acknowledge, on behalf of the South Carolina Medical Association, the cordial welcome which has been extended to us by the Mayor, representing the City of Columbia, and by Dr. Rice, representing the profession.

I think that we of South Carolina all feel that we have more or less of a proprietary interest in this beautiful city, but the pleasure of our visit here must be doubly enhanced by the evidence of such a cordial hospitality.

We are glad to be with you, Mr. Mayor. Gentlemen of the Profession of Columbia, we are glad to be with you. (Applause.)

Address of welcome by Dr. H. W. Rice, President of the Columbia Medical Society:

In extending a welcome to the members of the South Carolina Medical

Association, I feel that we are actuated not only by professional bonds but for many considerations it is a pleasure to have you with us. Every citizen of the State has some tie that should make him feel at home in this city. Some of you have spent a portion of your life here, and doubtless are glad of the opportunity that brings you to the scenes of your student days. We have in the city many thousand college students that come from all parts of our state. These are your brothers and sisters, your sons and daughters.

All of you have a common heritage in this building, and the traditions here represented. A history of the State could be written from the evidences of the past that are here. The family histories of many of you would not be complete without the memorials that adorn these walls and the monuments that occupy these premises; the portraits of your ancestors look down upon you and the records of their achievements in statescraft, war and civil endeavor are preserved within these precincts; in bronze and granite their heroic deeds and sacrifices are perpetuated. To the north of this building you have uplifted that shaft that reminds you of those heroes, your fathers, who spent their life blood rather than stay the noble impulse to defend their rights; to the east mounted in effigy the figure of that great warrior and civilian whose services to his State you chose thus to commemorate; and to the south with fitting ceremony you have just recorded the immeasurable sacrifices of your mothers and at this meeting you will I doubt not perfect plans for a monument to be erected on these grounds to that one of our own profession, whose services to humanity, and especially womankind, surpasses that of any other Carolinian—the pioneer gynecologist, J. Marion Sims.

Thus "encompassed by so great a cloud of witnesses" to the deeds, sufferings and sacrifices of our progenitors, how shall we escape an inspiration to noble effort that we may measure up to the standards they have set for us, as we too seek to serve.

The profession of Columbia welcome you as Carolinians, as co-workers, as brethren and gladly shall we strive to make your sojourn amongst us a pleasant surcease from the exacting duties of a physician's life.

(Minutes to be Continued.)

Journal South Carolina Medical Association

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Editorials

The Journal to Appear Earlier.

The contract with R. L. Bryan Co., of Columbia, for printing THE JOURNAL, entered into by the former management, expired with the June issue. The general excellence of the Bryan Company's work was very commendable and satisfactory, comparing favorably with any other publication of similar scope on our large exchange list The distance however from the Editorial office was responsible for delay often and many annoyances and extra expense. In an effort to obviate this difficulty the contract has been given to a local firm, The Farm and Factory. They promise positively to get out THE JOURNAL by 15th of each month provided the copy is furnished in time. They have added the latest model No. 8 linotype machine, partly in view of this contract and other equipment. This arrangement will enable the Editor to personally inspect every step of the publication of THE JOURNAL. The July issue, owing to the hurry and numerous details involved in the new contract, came out late and had some inaccuracies. We believe this will not occur again.

The Health Boards of the Small Towns and Rural Districts. Dr. Egleston's Work at Hartsville. Every Move in Sanitary Measures in the South Closely Watched.

For some months there has been unusual activities in health matters in nearly every good sized city in South Carolina. Nearly every issue of the daily paper has something to say about health measures and the people reap the benefits in the way of purer milk, cleaner markets, more care of the premises of the citizens, etc. The average small community is yet very far behind in the actual application of the principles of modern sanitation and the reason is plain: The average small com-

munity is not willing to invest the money and effort necessary to secure this service and it cannot be secured in any other way. There has been a stigma upon the South which she does not deserve as regards the area in which malaria is prevalent. There is a false impression throughout the world, more or less general, that the word South is synonymous with malaria—and that this disease alone is sufficient evidence against this section to condemn it as a place of residence. Again, the position of our health boards of all kinds has only recently been recognized as worthy of serious consideration as protectors and advisers of the public. We have had few trained sanitarians and little money to employ them with. This condition is rapidly passing away with our phenomenal increase in material wealth, and it is not due so much to the urban prosperity as to the uplift in the small town and rural districts. Just here is the weakest link in the chain of progress. The city is taking care of itself—has reduced the morbidity and mortality by rigid laws and paid health officers and in many respects is healthier than the country or small town—thus reversing the conditions which have existed for all time.

The burden of instructing the people of the small towns and rural districts in public health matters has in the past fallen largely upon the broad shouldered general practitioner. He has been loyal to his duty but the day has come for a division of this labor and the employment of the expert santarian in every county or district. There are outside agencies rendering valuable assistance at this time—such as the Hook Worm Commission and the Pellagra Commission, but these are temporary in all probability and we should prepare to help ourselves as speedily as possible. The South has innumerable opportunities for profitable investment. The fertility of the soil, the diversity of its products, the success of our manufacturing and our splendid all around climate attracts the constant attention of the outside world but unless we prove that we are as much or more interested in the health of our people as in their material progress we have no right to urge immigration. We therefore commend to our readers the following from the July number of *The Old Dominion Journal of Medicine and Surgery:*

We are glad to see from an editorial in the *Journal of the American Medical Association*, June 8, 1912, which we reproduce in part below, such a high compliment to our collaborator, Dr. William Egleston, of Hartsville, S. C., and we feel a personal pride in seeing his work given national recognition. Dr. Egleston is one of the highest types of Southern physicians, a careful and astute diagnostician, a successful and busy practitioner, a skilled and scientific health officer, and withal a courtly gentleman.

"The city of Hartsville, S. C., little as to size, but big in enterprise, has for several years past annually employed measures which other communities may well emulate. Its health board first distributed to all householders circulars pointing out the dangers of mosquitoes and recommending screens and constant supervision of premises to prevent breeding. Then the council surveyed the entire city, drained low places where rain water accumulated and made weekly inspections of all premises and ditches in town, putting kerosene regularly on any water that could not be drained or emptied (an ounce of kerosene for each 15 square feet of water surface). Most of the breeding places were found in back yards. Dr. W. Egleston, the health commissioner, reports that malaria, though very prevalent a decade ago, is now a

practically negligible disease. The inhabitants of Hartsville, it is said, now sit on their unscreened porches in the evenings with no discomfort from mosquitoes. If every community in the country would follow the example of Hartsville, the mosquito problem would soon cease to vex us."

The Recent Graduate. Give Him a Cordial Welcome Into the Association.

The State Board of Medical Examiners has licensed quite a large number of young physicians this year and there is no doubt that the great majority of them will permanently locate in the State. There is no favor the profession can confer upon these young men likely to prove of more lasting benefit than to secure their admission to the ranks of organized medicine. They are not apt to seek this favor without encouragement from the members already on the ground. It would be far better in the long run for all concerned to cement these bonds early. The training in society matters is fostered in many medical schools today and the graduate will not be found ignorant of its value. An invitation therefore to attend the medical society meetings will rarely fail to make the young doctor feel that he is not considered merely as an intruder in the community, but that he has a right to hold up his head amongst his brethren. His application for membership will soon follow. We propose to send out from this office to these young men the excellent circular letters on medical societies used so effectively the past year in securing new members, and in addition a personal letter. A little personal work by the members will surely bring them into the fold.

Original Articles

A PRACTICAL METHOD OF INFANT FEEDING.*

By S. R. Lucas, M. D., Florence, S. C.

In the feeding of infants all practitioners of medicine are agreed upon one subject—that mother's milk when obtainable and not otherwise contraindicated, is the best food for a baby. Not infrequently, however, it is necessary to resort to artificial feeding and the method that is practical and can be more universally used while at the same time furnishing the necessary amount of nutrition to not only maintain life but also to keep the digestive apparatus in good working order and to register a more or less constant gain in weight is the method which will accomplish the most good and finally become the one most commonly used.

For a number of years the Percentage Method of Infant Feeding has held first place with American Pediatrists but on account of the more or less complexity of its formulae and the difficulty of carrying out the method in the homes of the lower and middle classes, medical men here and there have been seeking new methods and proprietary houses have continued to flood the market with new and old preparations. The French and German authorities have never taken kindly to the percentage method but have stuck to and gradually improved the old method of using whole milk, diluting with water and adding sugar in such proportions as to give the baby the required amount of easily digestible food. The percentage plan might probably be called the more scientific in that its chief aim is to render cow's milk similar in chemic composition to that of mother's milk by regulating the proteids, fats and sugars. But in actual practice the results show up no better, if as good, while the simplicity of the new method far outbalances any claims that the former might have from a purely scientific standpoint. This latter plan which has been used in Germany with such marked success forms the basis of this new practical

method, the rules of which were formulated during the past summer by Dr. Roger Dennett of New York. It was my privilege during the months of June and July to help with the preparation of the food in the diet kitchen and to watch the practical workings and results of the method in the babies wards of the Post-Graduate Hospital.

Before going into the plan, a few words about the sugar and alkali to be used and the boiling of milk. A sugar which has been found far superior to Lactose or milk-sugar which, in reality, is not identical with the sugar of mother's milk, is Dextri-Maltose, composed of almost equal parts of Dextrin ($C_6H_{10}O_5$) and Maltose ($C_{12}H_{22}O_{11}$). This has been a German product for some time but is now manufactured in this country by Meade and Johnson. Those who have been studying the subject carefully during the last few years claim that cane sugar is preferable to the ordinary milk sugars found on the market today.

As an alkali, Sodium Citrate has been found to act with much greater success than Lime Water. It is used in the proportion of two (2) grains of the Citrate to every ounce of milk. It should be added in watery solution to the milk after it has been brought to the boil.

Extensive experiments both in laboratories and in the wards of large hospitals have proved to the satisfaction of many leading men that milk which has been brought to a boil is more easily digested than raw or pasteurized milk. Moreover, it loses none of its food value in the process. Two important advantages of this milk are that we are reasonably certain that it is bacteria-free and second, it possesses mildly constipating properties in excess of that of raw milk.

This method is based on the principle that a baby, in order to gain, requires an amount of food, made up of whole milk and sugar, proportionate to its body weight. It is based on the number of calories needed per pound of body weight in order to make the child register a more or less constant gain. From a large number of cases in which the caloric needs were carefully estimated a few general rules have been formulated. To begin with, then, one ounce of milk with a 4 per cent. fat content is equal to twenty calories; one ounce of Dextri-Maltose to 120 calories. A healthy child in order to gain requires 120 calories during the twenty-four (24) hours for each kilogram or 2.2 pounds of its body weight.

Next, the question of how much food to be given at each feeding. The capacities of stomachs vary, but on an average a baby can take one more ounce of food at each feeding than he is months old, with a maximum limit of eight (8) ounces. Thus a child five (5) months old can take six (6) ounces at a feeding but from eight months on the amount would still be eight (8) ounces. Under one month it is advisable to run the amount up to two and a half (2½) ounces as rapidly as the baby can take it in order to get the required amount and at the same time obtain the proper dilution. Until the child is three or four months old it should be fed every two hours or ten feedings in the twenty-four; from then to six months it should get eight (8) feedings, and from then on every three hours or a total of six a day.

Now that we have the caloric value of the food contents, the number of feedings, and the total amount at each feeding, we can readily make the calculation for a baby of any age. Take for example a baby six months old with a weight of fifteen and a half (15½) pounds. He would take seven (7) ounces of food at each feeding and would get it every three hours or six times a day, making 42 ounces in all. As a routine measure 1½ ounces or three heaping tablespoonfuls of Dextri-Maltose, having a caloric value of 180 are given to a healthy child during the twenty-four hours. This then is a more or less constant value and so practically the only calculation to make is to determine the relative amounts of milk and water. A child weighing 15½ pounds or seven (7) kilograms would require 840 calories. The 1½ ounces of sugar furnishes 180 of these which leaves 660 to be supplied by whole milk with a caloric value of 20 per ounce, which would be 33 ounces. As the total amount of food is 42 ounces, nine (9) of sterile water would be required.

The formula then for a six months old child weighing 15½ pounds would

be:

Dextri-Maltose 1½ ozs. or three heaping tablespoonfuls.

Whole milk 33 ozs.

Sterile water 9 ozs.

Sodium Citrate (if necessary) 66 grs. or a level teaspoonful.

If the food is regurgitated or if the child vomits, the total amount at each feeding must be reduced, the caloric requirements being maintained by simply decreasing the water or by decreasing both water and milk and increasing the sugar; or if the feedings are more than two hours apart we can feed more frequently and so give less at a time. If the stools become too loose they can be regulated by decreasing the amount of sugar and making up for the loss of calories by the corresponding value in milk—remembering that one ounce of sugar is equal to six of milk. If, on the other hand, constipation results no better laxative is wanted than a slight increase in the amount of sugar.

These rules do not hold good in the following classes of babies:

1. The new born babe.
2. Fat babies of nine months or more.
3. Marasmic babies.
4. Babies with digestive disturbances.

In the new born babe we do not at first attempt to get a gain. The breast fed baby does not show a gain for ten or twelve days and so we can hardly hope nor should we try to improve too much on nature. And so in the new born babe we should start much below the caloric requirements with a greatly diluted food and build up gradually. Give water only the first day and then begin with one ounce feedings every two hours—composed of one-fourth milk to three-fourths water, with no sugar. On the fourth day a little sugar is added, the total amount increased to 1½ ounces at a feeding and the proportion of milk to water changed to one (1) to two (2). We continue to increase the contents every three or four days until at the third week he is getting an ounce of sugar and enough milk to make 100 calories for each kilogram of weight, which is enough to bring about a gain until after the first month.

Fat babies, on account of the lesser radiation of heat and consequent less loss of energy do not require the same caloric values as normal babies and so even after the eighth month they do well on 100 calories per kilogram of weight.

For just the opposite reason marasmic babies require a greater number of calories per kilogram to make them gain. It will be found that they require from 130 to 150 calories per kilogram which must be obtained by increasing the Dextri-Maltose to two (2) ounces or 240 calories and making up the rest by an increase in the amount of milk. Of course all digestive disturbances must be overcome before this concentration is attempted.

In babies with gastric or intestinal indigestion a milk and water mixture in the proportion of 1 to 3 or 1 to 2 is given. Sugar is withheld. In two or three days the stools will have markedly decreased and we can then gradually add sugar and milk—always keeping in mind the number of calories we wish to reach for a child of the age under consideration, the number of feedings and the total amount at each feeding. We will not get a gain in weight until the indigestion has been relieved or the necessary caloric requirements satisfied. It often does harm to give cathartics and actually starve for a longer period a baby with gastric or intestinal disturbances. The trouble, assisted by nature, has probably already done both only too well.

*Read before the Pee Dee Medical Association, Nov. 8, 1911.

BRONCHOSCOPY.*

By E. W. Carpenter, M. D., Greenville, S. C.

At intervals of many years attempts to inspect the esophagus but with small practical success were made until Kussmaul, in 1868, used an elongated Urethroscope with which he diagnosed a carcinoma of the thoracic esophagus. Then followed rapidly Kirstein, Mikulicz, Killian, Einhorn and Ingals in rapid succession, but it remained for Chevalier Jackson, in 1904, to combine Einhorn's lighting principle with Killian's tube thereby perfecting a practical instrument for the exploration of the Stomach and Tracheal tree.

There are today some operators who

still prefer to procure the illumination from a head lamp, this is practical for short tubes, but when working through a long tube at a great depth it requires too much skill and practice, because of the loss of light and a failure to direct it properly for continuous work.

The ordinary operator with moderate skill and little practice can readily become proficient enough to successfully direct the average case with the light at the distal end of the tubes.

Everyone who may be able to purchase one of these outfits is not always able to attend a clinic to perfect himself in its use, but he will find excellent clinical material always at hand, any "old dog" will make suitable experimental material.

I might add in passing that the commercial lighting circuits should never be used for lighting the lamps because of the danger of grounding through the patient. Any one with moderate ingenuity can build a double battery with four dry cells each with a rheostat attached which will prevent overheating and burning the delicate lamps.

Most of you are now so familiar with the uses and great possibilities of this instrument that I will not trespass on the time of this association by narrating them.

An expert X-ray operator is of great assistance in locating and recovering all foreign bodies which cast a shadow.

In cases of long standing where granulations have occurred at the proximal side of the foreign body, an assistant can direct the operator during its removal by the use of the flouroscope, thus under direct vision guiding the tube to the offending particle.

Anesthesia.

It is my experience that in infants under 4 years a general anaesthetic is not necessary, a preliminary hypodermic of Morphine and Atropine to quiet fear and partly relieve the reflexes, and winding sheet to prevent struggling will prove satisfactory in most cases at the initial sitting. If the search is unduly prolonged a light Chloroform Anaesthesia can be inaugurated. Most older children struggle too violently without a general anaesthetic.

The majority of adults can be operated upon under Cocaine Anaesthesia, though there are many cases where Morphine and Atropine will prove of great assistance. The sitting posture is much easier for all manipulations, thus adding another reason for local anaesthesia.

My experience with these instruments has been very limited and my success not brilliant.

I present a short study of a few of the most interesting cases with the hope that they may be helpful to some of you.

Case 1.—Infant 11 months. History of a sudden and severe choking while playing on the floor. When seen two hours afterwards it was perfectly comfortable and an examination of the chest, clinically and by X-ray was negative. It continued well for six weeks, when frequent attacks of spasmodic cough developed during some of which death seemed imminent. Tracheotomy was refused by the mother because X-ray was negative. The child becoming rapidly worse, after much delay consent to proceed was obtained and after much difficulty at 5 A. M. a tube was passed into the trachea, the mucous membraire of which was intensely engorged and covered with copious muco pus. While sponging some of this away a cotton swab became disengaged from the applicator and the tube containing the cotton was withdrawn. I was totally unable to reintroduce the tube on account of the swollen membranes, nor could another physician who had some experience with these instruments succeed.

Permission for Tracheotomy in order to do a low operation was withheld for 12 hours. When consent was finally obtained the smallest tube could not be introduced into the lumen of the trachea. Death ensued in 24 hours.

Case 2.—Infant 18 months. History of having choked while eating watermelon. When seen the next day the infant had frequent cough and a flapping sound in the trachea, which could be heard all over the chest. In this case I was unable to introduce the tube into the larnyx. Try as I would I could not expose the glottic opening, and as the low operation was refused the child returned home. (In a few weeks this seed was sent me as a souvenir.) The child had coughed it up.

The reason for failure in this case was my inexperience and untrained assistants. We extended the head too far and failed to elevate the shoulders sufficiently.

Case 3.—Infant 3 years. This was more encouraging as one of the neighbor's dogs had grown wiser but sadder in the meanwhile. History. While laughing, with an open safety pin in its mouth, a coughing spell ensued and the pin vanished. Patient was first seen after three weeks. Jackson speculum showed pin with hooded end lying just below vocal chords. It was caught with forceps, but refused to be moved and a violent hemorrhage ensued. The child was transferred to hospital, a few whiffs of chloroform given, pin exposed with speculum and easily removed by forcing the point through one chord and bringing it up where a fresh hold near the distal end permitted forcible turning and delivery. Recovery without complications.

Case 4.—White male adult. While hunting and cracking peanuts between teeth inhaled half a shell. When first seen two weeks later, the right lower lung posteriorly was solid. In sitting posture under Morphine, Atropine and Cocaine, after an hour's search and twice biting out a piece of the softened shell I was able to deliver the half shell of a large peanut, by removing the tube in advance of the forceps and shell, as the shell would not enter the scope. The distance from this patient's teeth to the foreign body was 14 inches. Recovery was uneventful. So far as I know this is the first reported case in the State where a foreign body has been removed from such proximity to the perifery of the lung. I have also found the instrument of great value in numerous esophageal cases, one of which I beg leave to mention.

White girl, age 9 years, accidently swallowed a silver fifty cent piece, which lodged in the esophagus and prevented the taking of any food for three days. When I saw her she was haggard and worn from worry, loss of sleep and almost constant vomiting. With a short illuminated tube the coin was located just above the sternal notch, grasped with forceps under direct vision and removed without difficulty.

I have also had success with this instrument in certain cases of asthma by direct endo-tracheal applications.

Discussion.

Dr. S. S. Henslee:

I appreciate Dr. Carpenter telling us of the cases which he failed on. That is what does us good, and it does us more good than the doctors who come up here and tell us about so many successes. If we tell our experience where we have had trouble, that is what does good.

*Read before the South Carolina Medical Association, Columbia, S. C., April 17, 1912.

THE ROLE OF DRAINAGE.*

By H. W. Rice, M. D., Columbia, S. C.

For the purposes of this discussion drainage may be defined as the removal of substances from the organs and tissues of the body, the retention of which promotes or produces pathological changes. These substances may be exudates or perverted secretions from the physiological activities of organs, or substances introduced from without, as bacteria. The body organs have their own natural drainage system through ducts and canals. The ducts leading from the glandular organs into the alimentary tract drain their respective glands. The secretions, intended to subserve a useful purpose in digestion, if produced in excess or if the ducts become occluded, retarding or inhibiting the outward flow from the organs, may become pathological. These secretions are for the most part useless to the organs themselves, and if by obstruction they should be dammed up may become favorable culture media for bacteria, and thus a source of danger to the whole body.

Arrest the flow of saliva by blocking a salivary duct and soon pathological changes ensue—a distension of the duct with cystic formation, or condensation with precipitation of lime salts forming calculi, and finally salivary fistula follows. Obstruct the bile passages and we have stasis, bacterial infection, deposition of salts with calculus formation; or distension of the gall bladder, with rupture followed by septic peritonitis; or a stone lodged in the

common duct reverses peristalsis in the duct of Wirsung and chemical or septic pancreatitis follows.

Again impede the drainage of the urinary apparatus by enlarged prostate or strictured urethra and we have retention of urine, cystitis, ascending renal infection, pyonephrosis, or rupture of the urethra with extravasation of urine, septicemia, uremia. Moreover given a retrodisplaced uterus with gonorrheal infection and endometritis, salpingitis, pelvic peritonitis result. These are instances ordinarily recognized in which faulty natural drainage of the body fluids converts physiological into pathological phenomena. In the case of the so called ductless glands nature seems to have been derelict in not providing open drainage and, as a result of this apparent oversight and because of the very powerful action of the secretions of these organs upon metabolism, we may have violent pathological changes resulting from hyperfuctionating, as exopthalmic goiter, acromegaly, status lymphaticus.

The employment of drainage in surgical procedures began when the primitive surgeon, imitating nature's methods of healing, first opened an abscess or incised a felon. Indeed the institution of drainage is coincident with the practice of surgery. With the advent of general anaesthesia, no doubt, the need for drainage was increased because of increased traumatism and therefore more liability to infection as a result of the prolongation of operations upon insensible patients. But with the dawn of the antiseptic regime under Pasteur and Lister the surgeon possibly contemplated an utopian era when there would be no more wails from patients and no more pus to drain! Alas what an ignis fatuus. It was soon discovered that pus cavities could not be disinfected by irrigation and so drainage still continued the sine qua non in infected lesions. While we placed great reliance upon drainage in operations upon septic cases it was a blind faith in that the rationale of the need for drainage was yet unexplained. In some cases of pustubes and other purulent collections it was observed that even without drains wounds healed by primary union, and often better results were obtained than with the use of drainage. We did not know that there was such a thing as sterile pus! Nor had we learned of the significance of antibodies and natural resistance. We did not know the protective power of peritoneum against infection. There was therefore an apparent discrepancy between theoretical and practical results. Oschner says, "Theoretically it is almost impossible to absolutely disinfect the skin of the patient and the hands of the operator; practically it is one of the easiest and simplest tasks to obtain a degree of surgical cleanliness that will insure primary wound healing."

As a matter of fact we know that pathogenic bacteria constantly inhabit the superficial layers of the skin, and cannot be eradicated entirely by any known method of skin disinfection. Theoretically then all wounds are infected whether made by a dirk in a back alley or by the surgeon's scalpel in an up to date hospital. It is only a question of degree or kind of infection.

Not until we learned something of the ability of all tissues to resist infection, not until our studies in immunity led by Metchinkoff, Ehrlich, Wright and others did we begin to understand the principles that controlled our results in the use of drainage. But this is only another instance in the progress of medical science where measures and medicines have yielded their beneficial results long before the true signficance of their action is laid bare.

In the treatment of general suppurative peritonitis the modern application of drainage has achieved its most brilliant results. It saves many lives that otherwise would be lost. When Dr. Joseph Price, in a Surgical Association, announced some twenty years ago that he had cured a series of cases of general septic peritonitis there was a volley of criticism from noted surgeons present and it was even hinted that Dr. Price's reputation for veracity might be brought into question by such a claim. Today the proper use of drainage as modified by the Fowler position and the Murphy drip makes possible the saving of a large per cent. of these cases. It is not surgical skill but drainage that brings success.

Formerly the surgeon in superficial infections waited for the abscess to

point. He did not know why. Empiricism had taught him that it was the wise thing to do. We now know that it is not pus we wait for, but focal immunity. We wait till nature has thrown a wall of connective tissue, leucocytes and fibrin around the focus of infection; we wait till antibodies have produced a systemic immunity. Perhaps in some cases we have waited too long, for metastasis to vital organs may have occurred before nature's protective forces have been mobilized. It is possible that we may yet learn how to institute earlier drainage in these cases and so help nature in her battle with bacteria. Our future studies in natural resistance may teach us some more practical method of determining the index to the bactericidal and antitoxin producing factors of the body. We know that nature can combat an uncertain number of germs in wounds, let us hope to learn how to judge of the limitations of the body defenses so that we may come to the assistance with scalpel and drainage. When we shall be able to anticipate the steps in the progress of infections, we shall do something more than remove debris left in the wake of pathological conditions.

Morris has styled this the pathologic era in surgery and Bloodgood decries "surgery as a last resort is too often late surgery," and we may add that it is the era of the dominancy of drainage. As a result of late diagnosis the surgeon must not only remove diseased but often innocent tissue that he may get wide of the focus of infection. What a wide swath is left in healthy structures in our present operations for cancer! Muscles, nerves, blood vessels, and even important organs must be sacrificed. What a devastation in our surgery of the pathologic pelvis! In these extensive dissections of course drainage is indispensible.

The clarion note has gone forth for earlier diagnosis of cancer, because here belated operation comes home to the surgeon in a frightful mortality, but how shall we sufficiently emphasize the disasters that result from late diagnosis in other surgical conditions? How many ovaries, tubes, and uteri might be saved by earlier surgical intervention? And here, as pointed out recently by Bloodgood, it may be said that earlier diagnosis in surgical conditions will largely depend upon the surgeon. It is his duty to study more thoroughly the histories of his cases in connection with the operative findings and thus correllate for the clinician the facts that will make clearer the earlier phenomena of surgical lesions.

While the use of drainage in the removal of exudates and detritus from the body in operations is perhaps a necessary evil, for it invites infection, prolongs convalescence and mars cosmetic effects, yet in the field of constructive surgery—anastomosis of organs where artificial routes are to be established temporarily or permanently for therapeutic effects, as in gastro-enterostomy, cholecyst-enterostomy and colostomy—drainage becomes a scientific measure of highest efficacy.

Finally it may be said that no perfection in surgical technic, no improvement in diagnosis of incipient surgical lesions, and no mastery of the complex processes of immunity will enable the surgeon to entirely dispense with drainage. It will always be the sheet anchor in debris surgery and a bulwark to the incompetent and inexperienced operator. The surgeon will continue to employ drainage till preventive medicine shall place surgery among the lost arts.

Discussion.

Dr. R. Lee Saunders:

This is one of the most important subjects confronting us today.

I am glad Dr. Rice brought up the subject of natural drainage, and assisting natural drainage in operative work. As we never know how far nature has fortified herself against poisons, therefore, when we find poisons in the system, it is not our duty to pin them up; hence I agree with the immortal Lawson Tate—when in doubt, drain.

I, myself, have had occasion to be sorry I did not drain, yet I have never been sorry that I did drain.

*Read before the South Carolina Medical Association, Columbia, S. C., April 17, 1912.

Society Reports

SPARTANBURG COUNTY MEDICAL SOCIETY.

The Spartanburg County Medical Society had as a special feature of its June meeting a demonstration of the administering of Typhoid Prophylactic. Dr. Siler, of the McFadden-Thompson Pellagra Commission, explained the use of the typhoid bacterin in the army and administered the dose to nine persons who presented themselves for the purpose, several of them being physicians, the others nurses from a local hospital.

Dr. Blake read an excellent paper on "The Relation of Wholesome Food to Good Health" which will later be sent to THE JOURNAL for publication.

L. ROSA H. GANTT, Sec.

The Spartanburg County Medical Society held its annual monthly meeting July 26th with seventeen members present. Dr. J. L. Jefferies read a paper on Municipal License and the Physician and cited the law which covers this. This paper was discussed by Hon. J. Wright Nash, a local attorney, and by Dr. S. T. D. Lancaster. Dr. W. H. Chapman read a paper on "Flies as Disease Carriers." This was to have been discussed by the Entomologists associated with the Pellagra Commission but through some mistake in their minds as to the time of meeting neither of these gentlemen were present. On request of a member of the Spartanburg Health League it was decided to have this article published in the local papers to aid the League in its campaign against flies.

After the meeting the society repaired to the Gresham Hotel where a delightful dinner was enjoyed.

Program for August 30, 1912:

"Typhoid Prophylaxis"—Captain J. F. Siler, M. D.

Discussion—General.

"Fractures"—Report of a Case—W. A. Kirby, M. D.

Discussion—H. D. Smith, M. D., and J. F. Williams, M. D.

L. ROSA H. GANTT, Sec.

CHARLESTON COUNTY MEDICAL SOCIETY.

The Medical Society of South Carolina (Charleston County) held a meeting June 1, 1912. Business matters having been disposed of medical news was taken up.

Dr. J. F. Townsend reported a case of hemorrhagic iritis which he considered a part of cerebral syphilis. The patient did not improve under iodides so salvarsan was used with marked benefit.

Dr. R. S. Cathcart demonstrated a portable apparatus known as Drager's pulmotor which is the property of the Consolidated R. R. Co. of Charleston. This instrument is intended for the giving of oxygen in case of necessity as when artificial respiration is to be maintained for some time. The apparatus works automatically in such a manner that the lung cannot be over distended and it can be adjusted for children or adults. Dr. Cathcart on behalf of the Consolidated offered the apparatus to the local profession at any time.

Dr. T. P. Whaley expressed his enjoyment of the demonstration and said he was reminded of a recent case of laudanum poisoning in which artificial respiration was maintained for hours by the intermittent use of cold water and the application of the faradic current to the phrenic nerve. Finally the patient breathed naturally probably because all the opium had been excreted.

Dr. J. Austin Ball reported a case of hemorraghic disease of the newborn. The baby bled from the bowel and the mucous mebranes. He tried to procure some normal serum but failed so had recourse to diptheria antitoxin. He injected a large dose. The hemorrhage was checked. However, twelve hours later bleeding started again and though more antitoxin was given the baby died.

Dr. J. C. Sosnowski spoke of a case of petitmal. The patient did not lose consciousness but only control of himself. After an attack he always took the train or wandered off. The patient was found here by the police. The diagnosis was made because of history and the finding of a depressed fracture. These cases are frequently written of as cases of dual personality when really

they are traumatic epilepsy.

The meeting then adjourned.

The Medical Society of South Carolina (Charleston County) held a special meeting June 10, 1912, at which a Resolution prepared by the committee on Hygiene of the Society was read and discussed. This resolution in effect approved of the stand taken by the City Board of Health which is attempting to rid the city of all dairies within the city limits as they are declared nuisances. Drs. Sparkman, W. H. Johnson, R. Wilson, C. W. Kollock, G. McF. Mood and J. M. Green spoke upon the matter. The resolution was passed and a copy sent to City Council. The Society then adjourned.

The Medical Society of South Carolina (Charleston County) held its scientific session June 15, 1912. Dr. Lowndes Lynah, of New York City, read a paper on the pathology and treatment of laryngeal conditions following intubation, and showed drawings and microphotographs with the stereopticon. The paper was very instructive and clear and held the attention of the whole society.

Dr. J. Austin Ball discussed the paper and spoke of the progress in the treatment of chronic tube cases. Formerly no scientific work along this line was done. Some few cases got well but the treatment was empirical. Dr. Lynah, however, had done research work in this field beginning with the gross and microscopic pathology. He first disproved the recurrent laryngeal nerve theory then found muscles to be normal but cartilages at fault and all support gone. Many cases are now cured that were previously considered incurable. Dr. Lynah has accomplished more in this work than any one before.

Upon Dr. Sosnowski's motion a vote of thanks was given the speaker of the evening.

Dr. Porcher spoke briefly and asked how one could tell that dilatation was sufficient and also how could the formation of laryngeal polyps be stopped?

Dr. Lynah in reply said that he dilated till all expiratory dyspnea stopped and then used a small tube to give muscles chance to work and prevent inspiratory dyspnea. Formerly a laryngotomy was done to cure polyps but now they are mashed out by the pressure of wide-necked intubation tubes. A case to be considered well must go without a tube from 1 to 2 years.

Medical news was then called for and the Society adjourned.

R. M. Pollitzer,
Corresponding Sec.

Oconee County Medical Society.

The Oconee County Medical Society met at Westminster, S. C., May 22, 1912, with the following officers and members present: Dr. E. C. Doyle, Pres.; Dr. J. H. Johns, Vice-Pres.; Dr. J. J. Thode, Dr. E. A. Hines, Dr. J. W. Bell, Dr. C. M. Walker and Dr. J. S. Stribling.

The meeting was called to order by Dr. E. C. Doyle, Pres. Dr. J. H. Johns, leader of the program, announced the subject: "Diseases of the Lungs." Dr. Johns, in the absence of Dr. B. F. Sloan, gave the "Prognosis in Lobar Pneumonia." Dr. W. A. Strickland gave the "Treatment of Bronchopneumonia." This phase of the subject received free discussion by the different members present. Dr. E. C. Doyle presented the "Clinical Significance of Hemoptisis." The meeting was one of the best and most helpful the Society has enjoyed in a long time.

After the conclusion of the program Dr. J. S. Stribling made a report of the State Medical Association held in Columbia.

A motion was carried to have the Secretary send a telegram to Senators Tillman and Smith in Washington urging them to use their influence for the passage of the "Owen Bill."

Society adjourned to meet next in Seneca.

Dr. E. C. Doyle, Pres.
Dr. W. A. Strickland,
Sec. & Treas.

Current Medical Literature

SIMPLIFIED TECHNIC FOR DILATATION OF THE UTERUS.

By Richard F. Woods, M. D.,
Gynecologist to Presbyterian Hospital
Philadelphia.

There is perhaps, no operation in gynecology that gives so much satisfaction or relief from symptoms as does dilatation of the uterus for the relief of pathological anteflexion or sterility. It is either good or bad: if it is not done properly, it were better not attempted.

The steps of the operation are as follows:

1. Two evenings before the operation, patient is given an ounce of castor oil. Next day she is allowed to eat as usual. No breakfast on day of operation.

2. Vagina, morning of operation, thoroughly cleansed with soap and water, followed by bichloride douche.

3. Upper lip of cervix grasped with double tenaculum.

4. Sound introduced into uterus to determine the direction of the cervical canal. Frequently, in cases of sharp anteflexion, this is found impossible. Do not persist with force in attempting to introduce sound, as puncture of posterior wall of uterus may result. A small urethral probe, used with a boring motion, will open up the canal enough to allow the passage of the uterine sound.

5. A small dilator is now introduced and the uterine canal dilated enough to allow the passage of the Goodell dilator. This is pushed well up to the fundus, and gradually opened. After dilating a few times it will be found that we can now place the lower handle of the tenaculum over the bar on which the ratchet moves in the dilator.

6. We now proceed to dilate slowly, very slowly, up to one inch. When we reach this point, the etherizer takes the time and we allow this dilation of one inch to stand for fifteen minutes. After five minutes' dilation, it is advisable, in order to get a deeper grip on the cervix, to relax the dilators momentarily and push the dilator well up in the fundus. It is then dilated again to one inch.

7. After dilating for fifteen minutes, the dilator is withdrawn, and a Wylie drain introduced. This is pushed up as far as possible in the fundus and allowed to stay *in situ* two weeks.—*Medical Council, August.*

HIGH BLOOD PRESSURE IN THE TOXEMIA OF PREGNANCY.

Dr. D. J. Evans, of Montreal, said that in 12 of a series of 38 cases of pregnancy complicated with eclampsia, albuminuria, or vomiting of a toxic type which he had recorded the toxic condition was severe enough to call for the interruption of the pregnancy. In 8 cases eclamptic convulsions occurred, and among these the highest blood-pressure noted was 200 mm., and the lowest 140 mm. In most instances the blood-pressure immediately before the convulsions was between 170 and 190 mm. One of the patients had three convulsions, though her blood-pressure never rose above 150 except just at the time of the convulsion. Two had a blood-pressure of 200, one with 5 and the other with 18 convulsions, and the child of the former died with convulsions 14 hours after spontaneous delivery. There were 4 cases of severe vomiting; 2 early in pregnancy and 2 near term. In the latter the blood-pressure was 140 in one and 125 in the other, and in both these labor was natural and the children were born alive. In the former, one whose blood-pressure was never above 125 recovered from her vomiting and went to term, while the other, a most severe case, was aborted at the sixteenth week and died ten days later. For a considerable period the blood-pressure of this patient was taken several times weekly, and was usually found to be about 100 (never above 110); yet she developed retinal hemorraghes and other signs of severe toxemia. The other 26 cases were all albuminurics, with toxic symptoms of more or less severity. Seven of these had a blood-pressure of 160 or over—2 of them recording as high as 180—and in 12 it was 140 or under, the lowest record being 120. As the result of his ex-

perience he was inclined to conclude that the blood-pressure record is of little value as indicating the degree of toxemia present in cases of vomiting in pregnancy. Moreover, he had been surprised at the comparatively low reading obtained in many cases where the symptoms indicated the existence of a very considerable degree of toxemia. In three instances induction of labor was imperative, though the blood-pressure was 150 or under, and in four with a blood pressure of over 150 the toxic symptoms were so slight that the cases were permitted to go to term, when they were delivered naturally. He was inclined to consider 160 as the danger limit, and that in cases where, in spite of treatment, the toxic symptoms do not yield and the blood-pressure is maintained as high as this point, or higher, labor should be induced. In cases of pregnancy with high blood-pressure without toxic symptoms there was little occasion for anxiety. In all cases with hepatic or renal insufficiency the blood-pressure should be carefully watched. A rising blood-pressure in such cases, associated with other toxic symptoms, was indicative of danger, and here he would consider 160 mm. of pressure the danger limit.—*Medical Record*, *Aug.* 3.

Care of the Obstetrical Patient in the Vienna Hospitals.

Shlenker says that with the onset of labor the patient is made surgically clean, the external genitals being scrubbed with soap and water, and afterwards irrigated with solution of bichloride of mercury. Delivery is usually in the lateral position and if normal is made by a midwife under the direction of a clinical assistant. When laceration is inevitable episiotomy is very frequently performed. All lacerations are immediately repaired with silk sutures. After delivery, early rising is encouraged. In the absence of complications the woman is permitted to get out of bed for ten minutes within the first twenty-four hours, the second day for twenty minutes, morning and evening, after which she is allowed to be up and about as much as she desires. She is, meanwhile, carefully watched for anything abnormal. Temperature and pulse are taken thrice daily, and the slightest disturbance is the signal for the woman's return to bed. Superficial lacerations are no bar to early rising, but those having deep lacerations remain in bed till the sixth day. The women usually leave the hospital on the tenth day. The placenta is never expressed except in eclampsia, hemorrhage, or when fever is present, nor is the uterus ever manipulated or massaged. It is allowed to expel its contents unaided. They assert that any interference predisposes to hemorrhage. In uterine inertia and post partum bleeding alone is light massage used and ergot administered. No ante partum douches are given unless the patient has a profuse discharge or is found to be infected. The same holds good during the post partum period, save that the external genitals are irrigated, unless douches are especially indicated (foul discharge, fever, etc.), in which instance one, or perhaps two, intrauterine douches or a hot irrigation of ninety-per cent. alcohol, either of which is contraindicated if there is a suspicion of infection of the adnexa or parametrium. Vaginal douches are reserved until the tenth day.—*N. Y. Med. Journal*, *Aug.* 3.

The Cause of the Onset of Labor.

Stimulated by an editorial in these columns commenting on the work of Heide in causing the onset of labor by injection of fetal serum, Rongy has repeated the work of Heide and in a report of nineteen cases adds to the interest and information in regard to this subject. In six patients injected with small quantities of fetal serum, prepared after the method suggested by Heide, ten to eighteen days before term, expulsion of the child followed promptly. In all cases, uterine contractions were observed by Rongy soon after the injection of the serum, although no pains were felt by the patient. It was determined that pains were felt only when there was direct stimulation of the cervix by the pressure of the bag of waters and the oncoming head. In two cases it was found that whereas injection of a large dose produced reaction promptly, injection of 5 to 7 c.c. followed by a large injection of 20-25 c.c. four or five hours later gave a more severe reaction. In two cases of inertia

uteri, the serum was very effectual and injection was followed by active labor pains within a short time after injection. Finally in a case of threatened eclampsia, injection of serum induced labor and all urinary symptoms cleared up immediately after the first injection. In seven cases negative results were obtained, in four of these there were precordial pain and oppression, in practically all some nausea and vomiting, and in two slight pains which may or may not have been induced by the serum. These results appear distinctly encouraging. The work of Heide has been corroborated and we have reason to believe that fetal serum does contain substances that may cause the onset of labor. An interesting field has been opened for further investigation. The exact nature of these substances, their mode of action and their role in causing the natural onset of labor are some of the problems to be solved.—*Editorial Jour. A. M. A. Aug.* 3.

From the Lay Press

HOOKWORM CASES IN COLLETON—2,658 CASES TREATED BY DR. F. M. ROUTH. CLASSES OF TREATMENT.

State.

Walterboro, June 6.—Special: Dr. F. M. Routh has completed the treatment of hookworm disease in Colleton County. Dr. Routh has met with great success in his work in the county and states that Colleton has responded better than any county in which he has worked so far. Two thousand, six hundred and fifty-eight cases have been treated in the county as follows: First treatment, 2,141; second, 721; third, 296; fourth, 29; fifth, 5. Dr. Routh found that the percentage of infection in Colleton County was 80 per cent.

Dr. Routh spent two days at Lodge this week, where he treated 140 cases.

DR. JERVEY HONORED BY MEDICAL MEN. THIS DISTINCTION MEANS THAT SOUTHERN SECTION OF SOCIETY WILL HOLD ITS NEXT REGULAR MEETING IN GREENVILLE.

Greenville News, May 17.

At the annual meeting of the American Laryngological, Rhinological and Otological Society held this week in Philadelphia, Dr. Holbrook Curtis, of New York, was elected president, and Dr. J. W. Jervey, of Greenville, was elected vice president and chairman of the Southern section of this distinguished body. It is a great honor which has been conferred upon Dr. Jervey and the news will be most pleasantly received by his many friends.

Dr. Jervey's election means that the Southern Section of the American Laryngological, Rhinological and Otological Society will hold its meeting next winter some time in Greenville, bringing to this city a number of the leading medical men of the South.

Dr. Jervey expected to spend two days in Washington before his return home, which will perhaps not be until tomorrow or Sunday.

DEATH OF DR. E. W. PINSON.

News and Courier.

Cross Hill, May 19.—Special: Dr. E. W. Pinson died yesterday afternoon at his residence in town. The doctor was brought home from the Chester Hospital about two weeks ago. He was a prominent physician and will be greatly missed. He leaves a wife, who was Miss Abney, of Edgefield; his father and mother, a sister and brother, all residents of Cross Hill.

DR. R. Y. MCLEOD DIES.

Record.

Hartsville, May 17.—The sad intelligence of the death of Dr. R. Y. McLeod this morning at 9 o'clock at his home at Bishopville was received by telephone here. He was well known throughout this section, having had a large practice in and around Stokes' Bridge. He has a niece, Mrs. Emma Ellis, and three nephews, Messrs. W. B., T. P. and R. R. McLeod, residing in this town.

Dr. W. DeK. Wylie Dead—Prominent Chester County Physician Expires in Arkansas.

Chester, June 26.—Dr. W. DeK. Wylie, of Richburg, one of Chester County's best known physicians and most popular men, died yesterday at Eureka Springs, Ark., near Hot Springs, where he had gone in a vain search for health, and will be buried at Richburg Friday. Dr. Wylie, who was a native of the Richburg neighborhood, was educated at the University of South Carolina and the Louisville Medical College and practiced with conspicuous success for several years. He was one of the State Medical Examiners. He is survived by a widow, who was Miss Eliza Ragsdale, and two children.

Dr. Wylie was a man of kind heart and did much work for which no charge was ever made. He was an official member of the Methodist church and was prominent in Masonic circles.

Chester Real Estate Deal—Dr. Pryor Buys Old Cotton Hotel Property for $20,000.

Chester, July 4.—One of the most important real estate deals consummated in Chester recently was that yesterday by which Dr. S. W. Pryor became the owner of the old Cotton Hotel property, purchasing it from Mr. Samuel E. McFadden for the sum of $20,000. It is understood that Dr. Pryor will transfer his offices to the second story of his new property, and in addition to offices for himself and associates, maintain a small adjunct to his Magdalene Hospital, at which minor operations or operations of an emergency nature will be performed.

The improvements upon the property as decided upon by Mr. McFadden, and now under course of construction, will be carried out. The two corner rooms will be occupied by the Clark Furniture Company, and contractors are now at work knocking down the partition between the two rooms. A handsome plate glass front will be put in, and the new furniture store, when completed, will be one of the largest and handsomest in the State.

Lexington Doctors Meet—County Medical Society at Quarterly Session.

Special to The State.

Lexington, July 3.—The Lexington County Medical Society held its regular quarterly meeting in the court house yesterday. The attendance was not very large, but the meeting was both interesting and instructive. Dr. W. L. Kneece, of Baxter, read a most interesting paper on "Some of the Disorders of the Alimentary Canal." Dr. L. A. Riser read a paper on "The House Fly and Its Relation to Health," which was well received.

The society hopes in the near future to get the Rockefeller commission interested in this country, with the view of having free dispensaries established for the treatment of the hookworm.

The society will hold its next meeting the first Monday in October, when the annual meeting will be held.

Changes at the Hospital—Superintendent Returns—New Staff's Personnel Announced.

News and Courier, July 5.

Mr. F. O. Bates, who was recently elected superintendent of the Roper Hospital, has returned from a trip North and assumed his duties as the new head of the public hospital. Miss Katheryn McKenzie, of Detroit, has been elected supervisor of the nurses.

The following are the names of the new staff: R. H. McCrady, Charleston, chief of staff; J. H. Cannon, white surgical ward; J. C. Griffin, Lexington, S. C., colored medical ward; J. C. Thomas, Bennettsville, S. C., colored surgical ward; L. A. Wilson, white medical ward. Externes: L. R. Schiffley, Orangeburg, S. C., Ward 2; J. S. Fonhe, Anderson, S. C., Ward 1; S. L. Allen, Enoree, S. C., Ward 3; J. S. Stranse, Bennettsville, S. C., Ward 4.

TREATMENT OF HOOKWORM—CHESTER, RICHBURG, FORT LAWN, BLACKSTOCK AND LEEDS TO HAVE DISPENSARIES.

News and Courier.

Chester, Aug. 2.—Dr. J. LaBruce Ward, director rural sanitation, visited Chester County Wednesday and yesterday, and while here decided upon Chester, Richburg, Fort Lawn, Blackstock, and Leeds as the points at which dispensaries will be established for the treatment of hookworm during the campaign that is to be carried on in Chester county. Dr. L. A. Riser, of Leesville, who will have charge of the campaign during the six weeks of its progress, will arrive today, and work will commence Wednesday.

DOCTORS MEET AT BLACKVILLE—SECOND DISTRICT ASSOCIATION IN SESSION.

News and Courier.

Blackville, July 3.—The Second District Medical Association met in Blackville yesterday and the universal verdict was that it was the best ever held by this society. Over thirty of the physicians of Calhoun, Bamberg, Orangeburg and Barnwell counties were met in the city of Blackville and escorted to "All Healing Springs," three miles from town, in automobiles. A magnificent bubbling spring (surrounded by a cement casing about 8 by 15 feet) flows at a velocity which could easily supply several of the adjoining villages and burgs with abundant water, which is deliciously cool and refreshing. In the beautiful grove adjoining the spring was a long improvised table, upon which was spread for the hungry medicos one of the most magnificent dinners which the dispensers of "pill and potion" ever enjoyed. Besides the usual delicacies of the season there was a bounteous supply of barbecued meats and an old-fashioned catfish stew.

So thoroughly captivated were the doctors by this charming interest of the Blackville ladies that resolutions were passed by the Association extolling them for their handsome layout, and their many manifestations of kindness which made every physician feel that he was in the midst of friends.

The exercises proper were held in a graded school building, which is a credit to any rural community. The surroundings bore a village-like appearance with handsome country homes in speaking distance of each other. The All Healing Springs Baptist church, with its imposing brick columns fronting the vestibule, and said to be one of the oldest in the State, stands within a stone's throw of the school building. The stage which looks upon a creditable little auditorium in the school structure was graced by large, framed photographs of John C. Calhoun, Wade Hampton and other distinguished South Carolinians.

Dr. T. H. Dreher, of St. Matthews, president, called the meeting to order, and, among other things, welcomed old Barnwell county into the Association.

The first on the program was a most interesting and well digested lecture by Dr. A. E. Baker, of Charleston. He dealt mainly with the diagnostic and pathological aspects of gall bladder, appendiceal and other lesions which come within the province of the surgeon. There was a sincere ring about his conclusions, not claiming any undue glory for his successes nor hiding his past mistakes.

Dr. Patterson, of Barnwell, a candidate for the State Senate, besides being a prominent physician, discussed Dr. Baker's paper in somewhat of an aggressive spirit, who thought that surgical specialists were rather too free with the knife and resorted to it too often to clear up a diagnosis which they should be able to make by more accurate and scientific information. Dr. Baker defended the specialists with vigor and won applause.

Dr. F. H. Boyd, of Allendale, read a paper on "Entero-Colitis in Children."

Dr. J. Adams Hayne, of the State Board of Health, discussed "Disposal of Sewage in Small Towns, and in the Country." His arguments and criticisms with reference to septic tanks for private residences were somewhat obscure and pessimistic until brought out more fully by questions from those who are using and who endorse these septic tanks. Dr. Hayne admitted that when built according to certain well defined and accurate principles, they received his O. K.

Dr. T. G. Croft, of Aiken, well known all over the State, read a highly entertaining and ethical communication upon the merits of the County Medical Society: how they should be kept up and the kind of service needed to make them measure up to the expectations of the profession.

Dr. Thomas R. Wright, a prominent surgeon of Augusta, Ga., delivered offhand a most useful and entertaining exposition of "The Value of Asepsis as Applied to the Country Doctor."

Dr. Ryan Gyles, of Blackville, the new councilor for this district, made a short talk to the physicians urging them to continued interest in these meetings. To his untiring efforts, be it said, was due much of the credit for the splendid meeting today.

The medical year having drawn to a close, officers were elected for the ensuing year as follows: Dr. J. S. Matthews, of Denmark, president; and Dr. Sophia Brunson, of St. Matthews, re-elected secretary and treasurer.

The next session of this Association will be held in the hustling little city of Bamberg. T. H. Dreher.

Dr. Lindsey Peters Answers "Come Back" Call—Will Remain in Columbia—Went to South America and Other Places But Comes Back to Square Meal Town.

State, July 25.

That there is no place like home, when home is Columbia, is the opinion of Dr. Lindsey Peters, who arrived with his family in Columbia Monday night, resolved to remain here permanently after an absence of five years spent in Bolivia and Peurto Rico. Having come to the States this summer to bring his wife and little children for a visit, and to gather up some of his belongings, intending to return to Peurto Rico, he was brought to a change of plan by the cordial reception he was given by his old friends and by the deep satisfaction which he experienced from the feeling of being once more at home. Life in both countries was very satisfactory and successful in many ways, particularly from a pecuniary standpoint, but it had been found to have its disadvantages, social and otherwise, and Dr. Peters, having reached his native country, decided to remain here. After settling his family in Columbia he will return to Peurto Rico for his belongings and then will return here to take up his residence, which he laid aside five years ago.

Dr. Peters became interested in Bolivia through accounts of the country, of its splendid advantages and openings brought back by Dr. F. A. Coward when he returned from there after being there two years as camp physician for one of the engineering parties of the Bolivian Railway Company. Dr. Peters secured the appointment as chief surgeon of the same railway and moved his family to Bolivia. He served for two years in this position until the railway company changed hands. Then when he had secured a special license from President Monteo he went into private practice. He found rich fulfillment of all that had been told him of the advantages there for the "foreign" physician, and he built up a large and remunerative practice. After living there three years he yielded to inducements held out to him to settle in Peurto Rico and moved his family there. Again with ease he gained a large clientele and would have continued to live there but for the above mentioned pressure that had weight with him.

Dr. Peters came to Columbia from Johns Hopkins hospital, where he was assistant to Dr. Howard Kelley, the famous surgeon. He had made a place for himself in Columbia in the line of his specialty, surgery—a place which doubtless he will find no trouble in regaining. His return is a personal gratification to his friends and a tribute to the attractions and the prospects which Columbia holds out.

MARION SIMS, FRIEND IN NEED.

State, June 19.

Now that memorial honors, long over due, are to be paid the late J. Marion Sims in his native State, by the general assembly and the medical profession, through the means of a monument within the precincts of the Capitol, it may be deemed timely to reprint a correspondence which shows that Dr. Sims however far away his mission to suffering humanity carried him, however long it detained him, and however engrossing were the labors and the honors that engaged him, never ceased to cherish an ardent love for South Carolina and to feel a cordial, sympathetic interest in the affairs of her people. In a stray copy of De Bow's Review for uly and August, 1867, the following letters from the Charleston Courier are reprinted:

47 Faubourg St. Honore, Paris.
May 30, 1867.

To His Excellency, Governor Orr, Columbia, S. C.

Dear Sir: I have just read your appeal for assistance for our starving people. I am a native of Lancaster District, and would like to have the enclosed amount disbursed there, as it may suit your judgment, i. e., if it is altogether convenient to you to give it a local direction. If not, use it as you see best. Thirty-two years' absence from my native State has not in the least marred my love of country. Believe me your excellency's most obedient servant. J. MARION SIMS.

Executive Mansion.
Columbia, June 29, 1867.

Dr. J. Marion Sims, 47 Faubourg St., Honore, Paris.

My Dear Sir: I take pleasure in acknowledge the receipt of your letter of May 30, enclosing a draft for $1,000 in gold, for the relief of the destitute in your native State and District. As you have well said "thirty-two years' absence from your native State" has evidently "not marred your love of country;" and your present act of generosity, in remembering a distressed people, some of whom are your former neighbors, nobly demonstrates that attachment of memory and affection are not bounded by the limits of time or place. As a South Carolinian living abroad, you have done honor to the State of your birth, but no professional triumph which you have yet achieved will elevate you higher in the respect of mankind, and especially of your own countrymen, than this voluntary donation for the amelioration of their sufferings. Permit me, in the name of charity, and in behalf of the citizens of Lancaster District—to a committee of whom, agreeably to your request, I have transferred your gift—to return you my thanks, and to express the hope that you may enjoy deserved reward in the consciousness of a deed unselfishly performed, and of being long remembered by those you have so nobly succored. I have the honor to be, dear sir, your obedient servant.

JAMES L. ORR,
Governor of South Carolina.

NOTICE.

The American Electro-therapeutic Association will hold its next annual meeting at the Jefferson Hotel, Richmond, Va., Sept. 3, 4 and 5.

This is the largest body in the world whose object is devoted exclusively to physical therapeutics, i. e., electricity in all its forms, hydrotherapy, photo-therapy, · mechano-therapy, exercise therapy, dieto-therapy and other natural agencies.

The membership comprises the leading experts in this country, who are engaged in this special line of work with fraternal delegates from Canada, England and France.

Dr. J. C. Walton, of Richmond, is chairman of the comittee of arrangements.

Book Reviews

Augustus Charles Bernays—A Memoir. By Thekla Bernays. C. V. Mosby Co, St. Louis, Mo. Price $2.00.

Biographies of American Medical Men like monuments have been comparatively few. This is a charming tribute to Dr. Bernays by his devoted sister and very naturally gives more of the "inner circle" life of her brother than often appears in print. Dr. Bernays was educated in Europe and came in close touch with the great Masters of Medicine—an association which was kept alive all his life. He made an impress on American Medicine and his biography is interesting because it gives much of the progress of surgery especially in an attractive manner.

* * *

Laboratory Methods.—Williams and Williams. C. V. Mosby Co., St. Louis, Mo. Price$2.00.

This is the most practical manual we have seen for the every day busy doctor. In our experience most of the books on this subject are rather too exhaustive, presuming that the practitioner is ignorant of the whole subject, or else too brief giving the merest outline, assuming that only a few suggestions are necessary. The introduction by Vaughan, of Ann Arbor, is admirable. Almost every practical point is touched upon even to the cost of equipping and maintaining a small laboratory.

* * *

International Clinics, Vol. II. Twenty-second Series. J. B. Lippincott Co., Philadelphia, Pa. Price $2.00.

In this book will be found an excellent resume of recent progress in Medicine, Pediatrics, Neurology, Anaesthesia, Surgery, Obstetrics, Ophthalmology, Otology, Eugenics and State Medicine.

The article by Simon Flexner on Epidemic Poliomyelitis is well worth reading. There is an up-to-date article on Pellagra by Mizell, of Atlanta. Puerperal Infection is cleverly written by Darnell, of Atlantic City.

Transactions of the American Pediatric Society.—Twenty-third Session. American Medical Association Press, Chicago, Ill.

The make-up of this volume is highly creditable to the Editors and the publishers. The binding, printing, illustrations, paper, etc., are far above the average of similar books. There is probably no more authoritative society in the world on this subject. Some of the contributors are Jacobi, Kenley, Koplik, Chapin, Griffith, Northrup, Morse, Flexner, Holt, Ruhrah, Rotch and many others. There is scarcely a prominent name in American Pediatrics not found in this work. Almost the whole domain of diseases of children is touched upon.

* * *

Infant Feeding. By Clifford G. Grulee, A. M., M.D, Assistant Professor of Pediatrics at Rush Medical College; Attending Pediatrician to Cook County Hospital. Octavo of 295 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, $3.00 net.

There is ample necessity for just such a book as this. The subject has been by no means exhausted heretofore. The treatment is not ultra scientific. There are many diseases of infants which cannot be successfully treated without a comprehensive knowledge of how to feed them. Dr. Grulee writes well on this phase of infant feeding. It is a modern book in every respect we believe.

* * *

The Surgical Clinics of John B. Murphy, M. D. Volume I, No. 3.—The Surgical Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. Volume I, Number 3. Octavo of 174 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Published bi-monthly Price per year: Paper, $8.00; cloth, $12.

Each successive number of Murphy's Clinics is more interesting than the preceding volume. In this issue some of the cases and subjects are as follows:

Colles' Fracture Impacted,

Cystic Goitre, Typhoid Spine,

Potts Fracture, also Exhibition at the Clinic of Numerous cases previously operated.

We desire to call special attention to the

description of Five Diagnostic Methods of John B. Murphy. This latter is very valuable indeed.

Sexual Impotence. * * * **New (4th) Edition Enlarged.—Sexual Impotence.** By Victor G. Vecki, M. D., Consulting Genito-Urinary Surgeon to the Mount Zion Hospital San Francisco. Fourth edition enlarged. 12mo. of 394 pages. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, $2.25 net.

This is a well written work that deals with the whole subject from a strictly scientific standpoint and yet is not devoid of opinions based on common sense views. It is one of the best books we believe the practitioner could purchase to rapidly review the subject.

* * *

Surgical After-Treatment. Second Edition, Practically Rewritten.—Surgical After-Treatment. By L. R. G. Crandon, M.D., Assistant in Surgery at Harvard Medical School, and Albert Ehrenfried, M. D., Assistant in Anatomy at Harvard Medical School. Second edition, practically rewritten. Octavo of 831 pages, with 264 original ilustrations. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, $6.00 net; half morroco, $7.50 net.

This is an exceedingly well written book and one that almost every physician or surgeon will find invaluable at times. There are many suggestions overlooked in other books and yet of great moment in the conduct of the case. To know every step from the diagnosis to the conclusion of the after treatment is highly essential. Diagnosis and treatment fill innumerable volumes but there are few on this important phase of the case.

The chapter on Vaccine Therapy by Sanborn, of Boston, is very creditable.

* * *

Collected Papers by the Staff of St. Mary's Hospital (Mayo Clinic) 1911.—Octavo of 603 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, $5.50 net.

There is probably no more authoritative surgical clinic in the world today than the Mayo Clinic. To this book there are twenty-three contributors and the papers cover a wide range of subjects.

There is an interesting chapter on Malignant Tumors of the Tonsil by Mathews.

Also, Tumors of the Vomer by C. H. Mayo is instructive.

W. J. Mayo tells of his visit to the French Hospitals in a very lucid and entertaining paper. The work is right up to date, the foreword being dated June, 1912.

MINUTES OF THE SCIENTIFIC SESSION OF THE SOUTH CAROLINA MEDICAL ASSOCIATION, COLUMBIA, S. C., APRIL 17, 1912.

(Continued from July Issue.)

The President: We have with us, gentlemen, as visitors from the Southern Medical Association, Dr. Jackson, of Miami, Florida, Dr. Martin, of Savannah, and Dr. Harris, of Mobile. They would like to talk with us concerning some matters on medical organization, and I shall be glad to give them the privileges of the floor between now and the paper of Dr. Crile, at twelve o'clock.

The privileges of the floor extended to the gentlemen named.

Dr. Guerry: Mr. Chairman, I ask that Dr. Crile, of Cleveland, Ohio, be included in that motion.

Motion carried.

Dr. Martin:

Mr. President and Gentlemen: I want to, in as few words as possible, give you a short resume of the history and purposes of the Southern Medical Association.

It had its conception in the realization of the fact that the progressive, scientific men of our section needed a broader field, a larger scope, for their scientific work.

Each of our State Associations in the South is a very exemplary body, but, unfortunately, it does not bring together a large number of the most progressive men of our section. In other

words, we go to our State Association, and we meet a few men of our own calibre, and we get together and exploit the work that we are doing, in a modest way; but that great and grand organization, the American Medical Association, which was organized for the purpose of advancing medical science and giving every one an opportunity, has grown so large, so unwieldy, that there was not room for all of us—some of the very best known and highest regarded men in the medical profession could not get into the work of the American Medical Association—because there was not room.

Now, that wonderful body, the Southern Surgical and Gynecological Association, of which we are so proud, —that I am always proud to call the *Southern*—is limited to surgical work. The three so-called Tri-State bodies are wonderful bodies, but they are not quite big enough. Therefore, as I say, this organization had its inception in the realization that we must have an Association that would do for us what the American Medical Association would do for us, but cannot.

The presidents of six State Societies of the South held a conference in Chattanooga in 1907 and discussed these matters, and finally succeeded in effecting an organization at that time. That organization has progressed, has done a vast amount of work. No spectacular campaign for membership was undertaken; the work has gone forward without interruption. We have not attempted to organize an Association with legislative functions. In fact our organization has no legislative functions. It is not going to interfere, in any way, with your State Society. It is not, in a strict sense, composed of State Societies: it is merely open to the members of State Societies, of certain States.

We have asked at annual meetings, and at other times, for certain State Societies to endorse and recognize our movement, and to participate in it as individuals, but not as a State Association, as you do participate in the American Medical Association. Nor have we any delegates. Our Association is composed of members and a board of Councillors. The board of Councillors consists of one man from each State, who transacts all the matters of the Society.

The Association is divided into four sections: Surgical, medical, eye, ear, nose and throat, and Public Health.

We have already had five annual meetings. Our sixth annual meeting will be in Jacksonville in November of this year.

Our membership is composed of the best men in the profession in the South. Our endeavor has not been to secure a large number of members, but we have endeavored, so far as possible, to get from each State Society the men who are doing the highest class and most progressive work, and our organization, I think, stands without a peer, in that sense—that it does not concern itself with the affairs of other Associations, but is merely for scientific work.

I want to say also, I think we have the finest Journal that is published in this country today. The very able editor of that Journal, Dr. Harris, of Mobile, will follow me, and give you some statistics of what we have accomplished.

I thank you very much.

Dr. Harris:

Mr. President, and Gentlemen of the South Carolina Medical Association:

I assure you that I regard it a privilege to have the opportunity of being with you today. I, of course, have known of the excellent work that this Association has been doing for many years, and something of the medical history of your State. South Carolina has always had splendid doctors—among the leaders of medicine and surgery in this country, in our history.

I have had the privilege of knowing members of your State Society at various meetings of the national organization, and I was thrown with one of your leading men, who was regarded as one of the leading men in the organization I refer to—Dr. Robert Wilson, of Charleston. (Applause.)

Of course the name of Dr. Babcock is well known in pellagra. His fame extends over the nation.

Our organization has been in existence only six years. He has given you something of the history of it, and it is quite fitting that he should do this, because, to Dr. Martin belongs the credit that this organization is doing a good work—as good as any other medical organization in existence. I do not except the A. M. A. or any other organization, because the programs that we have had in the past are as excellent, from a scientific viewpoint, and from the viewpoint of the Southern physician, and I believe are more practical than that of the great A. M. A.

Now, gentlemen, do not misunderstand me, or any of us, as uttering one word of criticism of the American Medical Association, because it is, without doubt, the greatest medical organization in the history of the world, and it has the greatest medical journal that is published anywhere in the world, and every member of the South Carolina Medical Association should certainly be a member of the A. M. A., but we do feel, gentlemen, that there is a place for the Southern Medical Association. Our problems are distinctly with us. They are problems with which we have to deal, that are not met with in other sections. In the organization of this Association it was first decided to become organized thoroughly in six Southern States, and after we were thoroughly organized, then to expand and to take in all of the Southern States. The organization of these six Southern States is, we may say, complete. Of all of the medical colleges in these six Southern States we have practically the entire faculty as members; also the members of the Boards of Health of those six States. We have also the leading men in all lines of work in those six States. You have one of those men today—Dr. Hume, of New Orleans.

The general practitioners in the towns and country are the backbone of the profession anywhere. The greatest man ever given to medicine was a country doctor. Alabama was his adopted State, and we are very proud to claim him. And, I may mention, incidentally, that there are still other States that are claiming this man as one of her sons—one State, New York, and New York has erected a monument to the memory

of this Southern man who was, at one time, a country doctor. Still another State claims him, and probably has greatest claim upon him, and that is the State of South Carolina, and I am glad to see a movement on foot for the erection of a monument to the greatest man ever given to medicine, and it will be my pleasure, before leaving here, to offer a small contribution to that fund.

Now, gentlemen, Dr. Martin is perhaps known to you. He was president of the Georgia State, and of the Kentucky State Medical Associations. He has spent much time and money in organizing the Southern Medical Association, and has received, and expects to receive, nothing in return. Dr. Jackson is a leading man in Florida, and is visiting the Southern States for the purpose of arousing interest in the Southern Medical Association. Also, I receive no salary. And the *Southern Medical Journal* has lost, up to this time, on its contract, and it will be some time before there is anything coming from it.

We are, of course, anxious to have as large a membership coming from South Carolina as possible. Membership in the Southern Medical Association gives with it, of course, the *Southern Medical Journal*. This Journal embraces four sections, which are in session three days. It publishes a large number of papers read before the Southern Surgical and Gynecological Associations, and it published a paper read by your Dr. Guerry, in the Pellagra number, and also a paper of Dr. Crile, whom we have with us here today. It is distinctly a Southern medical journal. We stand on the same advertising basis as the Journal of the American Medical Association: we receive no advertisements of proprietary medicines that have not been approved by the Council of Pharmacy and Medicine of the A. M. A.

Now, do not understand me as intimating that this Journal is in competition with your State Journal, and I desire to commend your State Journal. It is a credit to your State, and is excellent, considering the resources with which your Editor has to run it. The *Southern Medical Journal* hopes to work in harmony with all the State journals of the States, and the different State Medical Associations.

The next meeting of the Southern Medical Association will meet at Jacksonville, Florida, and we hope to see among us a large number of the members of this Association at Jacksonville.

The secretary of your Association has very kindly agreed to receive applications for membership in the Southern Medical Association. The dues are $3 a year, which, as I have said, includes subscription to the *Southern Medical Journal*.

Dr. Jackson, of Florida, will extend to you an invitation from the Southern Medical Association, as well as from the State of Florida.

Dr. Jackson:

Mr. President and Gentlemen: I was particularly struck with Dr. Harris' remarks that we were paying our own expenses. I think that if you were going from place to place as we are today, you would feel that you were due from each organization a contribution.

This is the first time I have had the pleasure of visiting this organization. On yesterday I went out to your hospital and saw Dr. Guerry, and saw a

clinic which many of you gentlemen will go to New York to see, and will not see half such good work, in many instances, as at your own home.

I do not believe in sectionalism at all, but I do believe in sectional pride. We have as good men in the South as anywhere. I did not know how many good men you had in South Carolina. I live in South Florida, and of course my acquaintance was with the North and East.

In November it comes Florida's turn to entertain the Southern Medical Association. We want to make that one of the grandest and most scientific meetings we have ever had. South Carolina has several railroads, with many trains a day leaving for Jacksonville, and I hope that we will see many members of your Association there. If you are members of the Southern Medical Association we will be glad to see you there, and, if you are not members, come anyway, and I guarantee you will become members before you leave. I do not think I ever saw a man leave without joining, including the army and marine hospital officials, and others.

The old Councillors are: Porter, of Florida, Wyman, of Alabama, Jones, of Mississippi, Cook of Tennessee and Darling, of Louisiana. This year we induced one of your good men to come in with us and take that position—Dr. Robert Wilson, of Charleston; so Dr. Wilson is a Councillor of the State of South Carolina. We are appointing those men as we can get the good men from the different States with us, and I do hope you will come to Jacksonville whether you are members or not. We will show you what Florida Crackers are, we will try and give you a good time, we will give you a good meeting, we will give you some good papers, and, I think you will be like many of the rest of us:—you will be at all of the meetings of the Association in the future.

I thank you.

Dr. Robert Wilson:

Mr. President: I have followed with great interest during several years past, the development and progress of the Southern Medical Association. I have wondered why South Carolina and certain other Southern States were not allowed membership in that organization, and have listened with interest this morning to the explanation that has been given: that the six States in which the organization was effected wanted a strong organization before entering the other Southern States.

I have felt, and feel now, that there is room in our Southern country for just such an organization; that our Southern country needs developing along these lines, as well as along others.

In times past the Southern portion of the United States led the country, medically, as it did in politics, and in other fields of endeavor. There are just as good men now in the South as in other sections of the country, and I believe it is highly desirable for these men to get together and effect such an organization as has been effected, which has for its aim the development of Southern medicine.

If it is in order, I would like to offer a resolution: that this Society endorse the Southern Medical Association and encourage membership in it.

Seconded by several, and motion carried.

(MINUTES TO BE CONTINUED.)

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Vol. VIII. SEPTEMBER, 1912 No. 9.

Editorials

The National Association for the Study of Pellagra to Meet at Columbia, S. C., October 3rd and 4th, 1912.

The program of the approaching meeting of the National Association for the Study of Pellagra is before us. Practically the entire civilized world is represented. Probably no other Association has attracted so much attention in so short a period. The objects of its organization have been imperative to an unusual degree. For this reason every one who has it in his power to encourage the investigation of Pellagra should lend a hand. This is particularly incumbent upon the members of the South Carolina Medical Association, for we are the hosts of this convention. It will be remembered that they come upon a specific invitation by the House of Delegates at its last meeting. We should not permit the local profession in Columbia, generous as they are, to assume the whole duty of entertaining these visitors. We urge therefore every member of the State Association to go to Columbia and make it a point to be especially cordial to *our* guests.

The County Medical Society and Its Development.

There are certain definite aims already carried out by a few county societies we in this State should consider and probably emulate. In the first place a society, like the individual member, is very apt to become a more important factor in the progress of the community if it owns its home. This of course means an outlay of considerable money. Where practicable this home may be an integral part of the local hospital. Every society should

have a steadily accumulating fund for use in the development of the plans and purposes of the society along many lines. This will require an increase of dues perhaps but no other investment will probably pay so well in the long run. The average doctor has contributed very liberally to the establishment of homes for a multitude of other organizations and these imposing and impressive edifices loom before his vision in every community in the land. It is time to call a halt and build a home for his own professional advancement.

Original Articles

INTUSSUSCEPTION OF THE ILEUM IN INFANTS AND CHILDREN.*

By Dr. J. Shelton Horsley, Richmond, Va.

Thorough and careful records of necropsies show the importance of intussusception as a large factor in the mortality of infants. After a child has attained twelve months of age intussusception decreases rapidly until adult life, when it is only a surgical curiosity and then is usually caused by a neoplasm. Most statistics show a mortality rate for intussusception in infants of about 50 per cent. This large death rate increases with delay and decreases with the promptness of effective treatment. If reduction in a few hours is not accomplished by ordinary methods of enemas, an operation if undertaken promptly should have an exceedingly low mortality. As it is at present, however, most cases are operated upon in the late stages and succumb either from peritonitis or intestinal toxemia.

Within the last few years I have operated upon four cases of intussusception, three of these within the last sixteen months. While the number is small the result of two different methods of surgical treatment was so suggestive that I cannot refrain from calling attention to them. To summarize the results: three of the patients were under one year of age and one was three years old. Two of these cases were treated by opening the abdomen and reducing the intussusception. One, a child three years old, recovered, but his temperature began to rise almost immediately after operation and about twelve hours after operation was 105.5, pulse 170, and respiration 40. The child was evidently suffering from grave intestinal toxemia and was given castor oil in spite of the fact that it might reproduce the intussusception. His bowels moved in about two hours and six hours later his temperature and pulse were practically normal. The other case, a baby seven months of age, was operated upon after the ordinary medical treatment had been tried by the family physician. The intussusception was reduced with some difficulty. The cecum was seen to be quite thick and infiltrated, though not gangrenous. The baby's temperature began to rise immediately after operation, though his condition appeared satisfactory when he left the table. He died seven hours after operation with a temperature of 106 and symptoms of marked cerebral irritation, such as is frequently found in deaths from intestinal toxemia.

The other two cases were treated by resection of the intussusception. One was a frail baby ten months of age, who had always been delicate and developed a mass in the right iliac fossa, with passage of blood and other evidences of intussusception. At operation it was found impossible to reduce the intussusception, so the whole mass was excised and the ileum united to the ascending colon by end-to-end suture. The operation was completed in about

thirty minutes and the patient left the table in good condition. His temperature never rose over 102.2. This operation was done on December 25th, 1910, and the patient is now in perfect health. The other patient on whom a resection was done was a healthy looking girl baby nine months of age. Her father was a physician who recognized the condition and brought the child for operation about twenty-four hours after the first marked symptoms. The intussusception was found on the left side and was readily reduced by pressure on the apex of the mass until the lower part of the ascending colon was reached. At this point reduction was difficult, though it was accomplished and the cecum presented the same thickened appearance that was seen in the baby who died shortly after reduction. Believing this toxemia to be exceedingly dangerous, I resected the cecum and part of the ileum and ascending colon, although reduction had been accomplished. The ileum was united to the ascending colon with a continuous suture. The patient made a stormy convalescence, but eventually recovered satisfactorily. The temperature reached its highest point of 103.8 within forty-eight hours after the operation. The patient was discharged from the hospital after twelve days in excellent condition and is now in good health. The operation was done on November 6th, 1911.

The result of these cases seems to justify the conclusion that many deaths in intussusception are due to intestinal toxemia. It is well known that infants and young children are peculiarly susceptible to toxemia and are readily overwhelmed when any considerable amount of toxic material is quickly absorbed. It has been frequently demonstrated that deaths from strangulated hernia are usually not due to peritonitis, nor to so-called shock, but to the absorption of a very virulent toxic material that is generated in the intestines when the circulation to the bowel is partially obstructed. A peculiar feature of intestinal obstruction seems to be that after both the arterial and venous circulation are completely cut off this material is either not formed so readily or not absorbed so quickly and, consequently, is not so rapidly fatal as when there is merely partial obstruction to the venous circulation.

My associate, Dr. C. C. Coleman, and I have conducted a series of experiments which will shortly appear in the Journal of the A. M. A. In these experiments we have taken two series of dogs and in both series have completely cut off the circulation from a definite segment of intestine ranging from two to four and a half inches in length. In some of these cases tapes were tied at each end of the segment and in others the lumen of the bowel was left unobstructed. In two cases perforation and death occurred from septic peritonitis within a few hours. In one case death occurred in three days. Of the remaining seven, four dogs were killed at periods ranging from fifteen to twenty-two days and two died after thirteen and fourteen days respectively. These experiments seem to demonstrate that complete cutting off of the circulation is by no means so dangerous as is partial obstruction to the venous circulation. This point has also been shown very clearly by Murphy and Vincent, (Boston Medical and Surgical Journal, Nov. 2nd, 1911).

The manner in which toxic material in an intussusception or in obstruction of the bowel is formed has never been definitely decided. Some claim that it is produced within the lumen of the bowel; others, that it is formed in the mucous membrane; and still others hold that it is due to abnormal absorption by the mucous membrane of toxic

products, which normally would be changed into innocuous substances during absorption. Whatever theory is correct, it seems most probable that the mucous membrane is the active factor in producing rapidly fatal results in such cases. When the circulation is restored and the mucous membrane is badly affected, as in cases of rather late intussusception, the resulting hyperemia seems to cause absorption very quickly of this product, whether it has been formed in the mucous membrane or merely stored there. The result is that cases of intussusception that have but few constitutional symptoms because of slow absorption of toxic material rapidly become overwhelmed when the sudden reduction causes a large amount of this material to be quickly taken up. Murphy and Vincent conclude as a result of their experimental work that, "In the cases in which peristalsis is evidently going to be lacking or obstructed on account of the damage to the wall of the intestine, our findings would indicate a resection of the segment involved, rather than any of the various procedures such as irrigation or massage, because of the danger from the presence of intestine, which may act as a reservoir for the formation of the toxic substance, as well as furnish an avenue of absorption."

The plain indication for treatment, then, in intussusception in infants and children is, first, not to delay reduction. If after a few hours by the use of enemas reduction is not accomplished, operation should be resorted to and the intussusception reduced by gradual pressure upon the apex of the mass. If the bowel after reduction is thin and shows but little infiltration this will be all that is necessary. However, if the bowel is thick and, particularly, if reduction is difficult, the whole mass should be excised and the ileum united to the colon with needle and thread. After the operator has acquired a satisfactory technic by practicing intestinal suturing on lower animals, this is by all means the safest method of uniting the bowel and can be very quickly done. In this manner we remove the segment of bowel that has stored up toxic products which if permitted to be absorbed would probably be rapidly fatal.

*Read at a meeting of the Tri-State Medical Association Held at Columbia, S. C., February, 1912.

SOME REMARKS ON PELLAGRA WITH REPORTS OF A CASE.*

By Robert T. Ferguson, M. D., Gaffney, S. C.

Pellagra has been written about since prior to 1730, probably first by Ramazzini, and then by Gaspard Casal, but we are no nearer to the solution of its etiology today than were our predecessors. It was at that time considered a manifestation of leprosy. Frapolli was probably the first to apply the name "Pellagra" to this disease in 1771. The introduction of Indian corn from Italy into Roumania in 1810 was coincident with the appearance of pellagra in that country and led to the investigation of corn to find a cause for this dreaded disease.

Pellagra has undoubtedly existed in the United States many years, but it was not until Searcy, of Alabama, reported an epidemic of eighty-eight cases occurring in the State Hospital that the disease has been looked upon with fear. There are hundreds of cases under treatment at present in the Southern States, and our own State of South Carolina has her share, so the problem before us today is to meet the enemy and stamp it out if possible.

While scientists are working on corn and other theories to discover its etiology we must continue to treat it to

the best of our ability with drugs that we know at present to be of the greatest advantage until the cause is discovered and a specific is found.

My observation in the treatment of pellagra has not led me to believe that it is contagious, but, until this is proven, I shall continue to use antiseptic precautions whenever I go into a case. I firmly believe filth to be a predisposing cause.

In the past year I have treated twelve cases with marked success and I wish to introduce photographs of one very interesting case, outlining the treatment used.

History.—Female, age 23, white, single. Family history good except that mother died of cancer of uterus two years ago. No previous history of pellagra in the family. Patient's health good until summer of 1911 when she noticed what she thought was sunburn on her arms and back of her hands. This skin lesion was symmetrical on the arms, hands, both sides of the neck and spots beginning on the feet. Skin began to burn, mouth became inflamed and sore, tongue fiery red and furrowed and a soreness which extended entirely through the alimentary canal. Diarrhoea soon developed and when I saw



PELLAGRA—SEPT. 6, 1911.



PELLAGRA—OCT. 7, 1911.

her she was having from 20 to 30 movements daily. Her condition when I was called in on September 1, 1911, was horrible and she was the picture of despair. She said she expected to die.

The treatment consisted in giving urotropin gr. 5, every four hours with a full glass of water for the constitutional symptoms and the following prescription for the bowels:

Rx. Bismuthi Subnitratis, oz. 1½.
Tinct. Opii, dr. 3.
Plumbi Acetatis, gr. 4.
Aquae Menthae Piperitae qs. ad. oz. 4.

M. Sig: — in aqua every three hours till bowels are relieved.

For the skin lesions I made use of a prescription I have used several years in eczema, as follows:

Rx. Acidi Carbolici, dr. ½.
Calaminae, dr. 6.
Zinc Oxidi, dr. 6.
Aqua-lauro-cerasi qs. ad., oz. 4.
M. Sig: Apply locally t. i. d.

The burning of the skin was promptly relieved by application of this preparation. The first photograph was made on Sept. 6th, 1911, and the second on Oct. 7th, 1911. Her recovery

was so rapid and her gain in flesh so marked I didn't recognize the patient when she walked into my office on Oct. 7th, the day the last picture was made. The bowels showed the first improvement then the skin lesions began to dry up and disappear, the burning ceased and her mouth and tongue became normal. This case has continued well up to the present time—now nearly one year.

With slight variations I have used this same treatment in a number of other cases since that time with most gratifying results.

It has been my rule to continue the use of urotropin from three to four months after all symptoms disappear with slight intermissions should there be any vesical irritation.

I have not withheld corn-bread from any of my cases but have insisted on their taking large quantities of sweet milk from the beginning. It has become quite a fad for people in this section to discontinue the use of corn-meal, but they have not stopped the time honored custom of grits for breakfast!

I have used various other drugs in the treatmentof pellagra but urotropin long continued has proven the peer of all others in my hands.

COMPLETE PROLAPSE OF THE UTERUS, COMPLICATED WITH PREGNANCY.*

By Dr. J. C. Harris, Anderson, S. C.

The subject, Complete Prolapse of the Uterus, Complicated With Pregnancy, I presume is a very old one, but no record of any case before 1860 can be found. Huter gave the first contribution of any importance.

The subject is also a very rare one and but little written about, or referred to in our text books. If I had copied all that I found in my text books, or books of reference at my command, I would not exceed ten lines, or more than one hundred words.

Of all of the malpositions of the uterus a mild degree of decensus is most often met with and not incompatible with health and normal delivery at term. I make the statement with emphasis that complete prolapse of the uterus with pregnancy is very rare, and has never been observed at full term. Up to 1892, 124 cases were reported by Franke, and not a single one had passed the seventh month mark.

The cause of a prolapsed uterus in 95 per cent. of the cases met with is due to injury; I mean delivery in child bearing. Hence the condition common in multipara as to the time of occurrence we find in the majority of cases recorded that the procidentia was not manifest until one or many children were born; that there had pre-existed a decensus, of more or less degree, and that the decensus had increased in the subsequent deliveries. To sum up the subject, prolapse of the uterus in pregnancy is but an exaggeration of a pre-existing condition.

The probability of pregnancy occurring in a prolapsed uterus is in the inversed ratio to the length of the cervix, the degree of prolapse of the uterus and vaginal walls, and the tissue changes resident in the uterus and its appendages, due to a distorted blood supply to the parts. Such combinations of lesions which we always have irrespective to the position of the uterus will greatly lessen the chances of pregnancy; namely, eversion and erosion of the lips of the cervix, hypertrophy of the endometrium and uterine muscles, combined with cystic degeneration of the ovaries which is always more or less present. Add to these lesions a possibility of a fixation of the uterus and its appendages by pelvis adhesions, the chances of pregnancy are almost impossible, with lesser chance of maturing

the foetus.

Fortunately, usually when a complete prolapsed uterus becomes pregnant, spontaneous abortion takes place in the early weeks of gestation which are usually incomplete, because of the ineffectual contraction of the uterus. In the event of labor or abortion certain complications are apt to occur post abortion, and puerpeal infection, due to the ineffectual emptying of the uterus, and the presence of ulceration of the swollen cervix. According to Dougall so great may be the resisting power of the rigid cervix that the lower uterine segments and body of the uterus may be ruptured spontaneously in labor, and gangrene of the cervix has been known to ensue.

My case that I wish to report is as follows:

Mrs. O., aged 43, white, the wife of a farmer: the mother of seven living children, and having had two abortions within the past five years, was referred to me by Dr. Watkins, of Pendleton, S. C., April 10th, 1911. She had been troubled with prolapse of the uterus for the past ten years, with a moderate degree at first. The decensus was progressive until it became complete. She was in the fifth month of pregnancy. Her first abortion had occurred five years, and the second one two years, respectively, before she came under my care. The history of the abortions was not desirable, owing to frightful hemorrhages in each. The onset of her present pregnancy steadily increased until she was unable to walk. She had been in bed for one month with elevated hips.

Examination.

I found an elongated cervix, three or four inches long; the vaginal walls completely everted, and by making slight traction upon the cervix I was able to deliver some five or six inches beyond the vulva outlet. The body of the uterus was as large as the two fists of a man. The cervix was badly ulcerated and was almost unrecognizable. The pelvic floor was torn and relaxed to the extent of affording little or no support to the pelvic organs.

Treatment.

In my opinion it was imperative to give relief at once. Placed in bed for thirty days, with elevated hips, had given no relief whatever; in fact she had developed some ugly symptoms of abortion. Conditions were such that she could not wear a pessary. With a history of such a frightful hemorrhage at the preceding abortions, I did not wish to stand still and run the risk of her bleeding to death, or to an infection from an ineffectual delivery of the placenta. My mode of treatment was entirely different from any of the preceding authors upon the subject, so far as I could gather from Findley, Wagner, Kauffman and Dufour.

A complete hysterectomy or a Poro's operation was done with the best of results. The patient left the hospital in thirty days and has been perfectly well being ever since.

*Read by Title before the South Carolina Medical Association at Columbia April 17, 1912.

EXAMINATION OF THE NERVOUS PATIENT.

By Hansell Crenshaw, M. D., Atlanta, Ga.

Probably the chief reason why diagnoses of nervous disorders are so often incorrect is that the examinations of nervous patients are seldom systematic and complete. In no other field of medicine is a broad, thorough, and orderly study of each case so imperative as in neurology. This is true in a measure because in no other field does heredity play so prominent a part; and

in no other class of cases do we encounter such clever simulation of symptoms. Moreover, nervous manifestations, more than any other, owe their origin to disorders of other kinds past or present.

The diagnosis will almost make itself if the examination be sufficiently comprehensive and systematic. In mapping out a plan for the study of cases, four major courses of inquiry must be provided for namely: Family history, patient's history, malady's history, and present condition of the patient. Nothing short of an exhaustive inquiry along each of these lines constitutes a thorough examination into the case. The order in which these several lines of inquiry is taken up is immaterial, some physicians preferring to begin with the family history while others commence with the physical examination of the patient. But some particular order should be chosen and adherred to. Personally I begin by asking for the chief complaint. I follow this by going into the history of the present disorder, with special reference to onset and duration. Next I investigate the personal history of the patient, beginning with intrauterine life if possible. This investigation includes inquiry concerning infancy, childhood, illness, injuries, habits, occupation, shocks, matrimonial status and age. I then take up the family history, and inquire about the longevity of ancestors, the health of ancestors and relatives, and the diseases they have had. The list of diseases include neuroses, psychoses, alcholism, drug addictions, syphilis, tuberculosis, 'apoplexy," and "rheumatism." Finally comes the physical examination of the present condition of the patient. This examination begins with the cranium and follows a downward regional sequence to the soles of the feet; and is supplemented by urinalysis and such examination of the blood as the circumstances seem to warrant. No organ escapes interrogation, but the most searching scrutiny is brought to bear upon "that outpost of the nervous system," the eye. Also, no superficial or deep reflex is overlooked.

In examining a neurotic individual we may do irreparable damage with our questions. The danger lurks in the liklihood of implanting in impressionable persons by suggestion the symptoms about which we inquire. In this way, persistent pains, anesthesias, or even contractures may be induced by unwise interrogations. It is really never best to ask the patient directly concerning subjective symptoms. If there be pain, he will mention it. If there be anesthesia, you will discover it when the patient fails to react to the point of the pin. And if there be paralysis or paresis, the handclasp reflexes, and so forth, will disclose it.

Furthermore, the less questions we ask, the fewer misleading answers we invite. Relatives or intimate friends of the patient may be plied freely with questions, provided the patient is out of ear-shot.

A more productive method of investigation, however, is to start the patient on a complete account of his case and simply let him talk. Thus not only may we gain specific knowledge of his subjective symptoms, but also a very fair estimate of his mental and moral caliber.

In suitable cases, the patient may be directed to prepare a brief written account of his troubles. Here the character of the handwriting and mode of expression may prove illumining. Indeed, no examination is complete of a nervous individual without a recent specimen of his or her script, unless the patient is illiterate.

The more the careful physician has to do with the study of the nervous and insane, the less is his inclination toward snap-judgment and "snap-shot diag-

nosis." He knows that even with the utmost care, masters of diagnosis often fail; that several maladies often co-exist; and that the only salvation of the diagnostitian lies in system and broad perspective.

Current Medical Literature

MODERN TREATMENT OF ABORTION, LYING-IN HOSPITAL, NEW YORK.

In the Journal A. M. A. August 31, 1912, there is an admirable discussion of the treatment of abortion as carried out in the most important Obstetrical Hospital in this country. The following is a summary of the paper by Dr. Ross McPherson, Attending Surgeon.

Summary.

In summing up the entire situation the following points are evident:

A. Abortions are more common than we realize, and the squelæ are frequently serious.

B. After every prophylactic measure has been tried and the abortion which has threatened becomes inevitable, the following statements seem to have been proved by the foregoing analysis:

1. Rarely, if ever, is an abortion complete. Only in 13.7 per cent. of the cases analyzed was there the slightest reason to believe that the ovum was expelled unbroken.

2. All abortions should be investigated and the uterine cavity explored.

3. When this is done according to the outlined method, we can show a mortality in all classes of cases of not more than 1.8 per cent. and in ordinary cases, exclusive of accidents and malignant complications, of not more than .016 per cent.

4. We can also show, which is perhaps most important of all, satisfactory results in 97 per cent. of all cases so treated.

Abstract of Discussion.

Dr. J. M. Baldy, Philadelphia: This whole question of the treatment of abortion is to be viewed from two standpoints. From the scientific standpoint I might be willing to grant that the paper is somewhere near the truth. The statement is made tnat all abortions under four months are incomplete. Those of us who have practiced in the slums, in well-appointed hospitals and otherwise, know that that is not a correct statement. The majority of these cases, unless brought on by criminal abortion—I mean coming on from inherent disease—are complete—perhaps not complete at the moment they are seen, but if handled properly they will be complete. I am talking largely to the body politic of the medical profession and not the experts. All women miscarry on an average of one in four, and abortion is therefore not an unusual thing. I would say not to use an instrument for abortion unless there was special indication for that interference. Ordinarily I would say that, unless a patient is septic, I would never interfere, but wait and see the result, whether there is an elevation of temperature or pulse or undue bleeding. Of course, the patients that come to us septic and with temperature and pulse elevated, are an entirely different class of cases than the ones I have been discussing. There we are dealing with a pathologic condition and not what might be called a physiologic one. The whole teaching of this eternal interference with abortion under any and all circumstances has done more harm to women and to the medical profession as a whole than almost anything else I know of in the way of teaching. What an advanced specialist can do with safety and what is best for the ordinary family doctor to do are two entirely different things.

Dr. F. J. Taussig, St. Louis: I have had occasion to look into the literature of this subject rather extensively; Dr. McPherson's paper is the first thoroughly systematical review of cases from any large American istitution. In regard to treatment, I do not believe that he meant to say that the form of treatment that was adopted at the lying-in hospital would be that which could be adopted by the profession at large, and yet, I feel that unless

this is explicitly stated, the profession at large would be tempted to adopt such a method. I feel that particularly in obstetric matters, we are inclined to recommend for cases that are usually treated by the general practitioner, methods of treatment that require special training and technic. I am thinking now more particularly of the treatment for eclampsia, for which some have recommened vaginal cesarean section, an operation that certainly could not be done by the average practitioner. As to the treatment of abortion, I believe that in the long run we would do better to follow Dr. Baldy's advice and teach the general practitioner to leave abortions alone, unless special complications ensue. I would differ with Dr. Baldy regarding the complications demanding interference. It seems to me that the cases in which there is a large portion of placental tissue retained are the ones that demand operative treatment. When, however, there is a septic condition I should hesitate very much to recommend operative interference by the practitioner.

Dr. A. M. Hayden, Evansville, Ind.: The curet is the most dangerous instrument that can be put in the average practitioner's hands. I do not believe that it should be used in abortion under any circumstances. Of course, if you have a pathologic condition, a portion of the placenta remaining in the uterus undergoing decomposition, it is well enough to clean out the uterus, but that can be done without using the curet. If a curet is used at all it should be a very dull one. If the portions of placenta are sufficiently large, I take them away with placental forceps. In the majority of such cases, if the uterus is packed asceptically as in a laparotomy with iodoform gauze, which is removed once in twenty-four hours for two or three days, the uterus will be made thoroughly clean and asceptic. This thing of meddling with abortions or interferring in such cases, unless there is special indication, I think does harm. The average patient will do better if let alone than if interferred with.

Dr. Henry Schwarz, St. Louis: I believe the sharp curet should not be used in recent cases of abortion. Dr. McPherson has particularly emphasized the fact that abortions are apt to lead to pathologic conditions of the uterus, which will create the habit of abortion, and in these cases I have been in the habit of using the sharp curet six or eight weeks after the miscarriage has taken place for the purpose of insuring a thorough involution of the uterus.

Dr. Ross McPherson, New York: In regard to Dr. Baldy's statement that abortions are always complete and also in regard to his reference to the treatment practiced, I would say that 1,718 of our cases occurred in tenements, and that each case was taken care of by our staff, not by the more highly trained members. Every case was examined by the pathologic laboratory and, in every instance, detritus was removed which could not have been removed had the operation not been performed. If Dr. Baldy will recall the figures he will remember that the mortality was 0.016 per cent., which is a negligible death rate. The cases occur in the worst districts of this country and the work is done by our interns under supervision, but the surrounding conditions are as bad as they can be. I do not believe that over 20 per cent. of any abortions are ever complete, and I still adhere to the theory that a great many of the endometritis conditions are due to untreated abortions. I cannot change my opinion on that. I would agree with Dr. Taussig that it would be better for the general practitioner not to do curettage, but the general practitioner, in New York at least, will do curettage, and therefore it is better that he be trained to do it properly rather than as he so often does it now, without an anesthetic and with no aseptic precautions. Therefore, I think it proper to bring forth such statements. The danger of the curet, of course, is a question that comes up annually for argument. The curet is dangerous, and so is a knife or a pair of scissors, but both are very effacious if properly handled. I believe that guaze packing will bring away much of the extraneous matter, but I am certain that repeated packing is fully as dangerous from the standpoint of infection as is a proper curettage, if not more so.

Society Reports

SPARTANBURG COUNTY MEDICAL SOCIETY.

The Spartanburg County Medical

Society met on August 30th, 1912, for its regular monthly meeting. The attendance was small but those present were well repaid by listening to a very interesting and instructive talk by Dr. Siler, of the Pellagra Commission, who spoke on Typhoid vaccines and read some statistics showing the results accomplished by its use in the army. Dr. Siler urged the physicians in private practice to give larger doses than they have been giving and made the statement that nowhere except in the army are sufficiently large doses being given.

Dr. O. M. Chapman, of Cherokee Springs, was elected a member of the Society.

L. ROSA H. GANTT, Sec.

ABBEVILLE COUNTY MEDICAL SOCIETY.

The regular meeting of the Abbeville County Medical Society was held at McCormick, S. C., Friday, August 2, 1912.

In the absence of the president, Dr. G. A. Neuffer was elected to preside.

Visitors present were, Drs. Neel, Epting, Sloan, Lyon and Page, of Greenwood county.

Members present, Drs. Mattison, Brown, Fuller, Cheatham, Chiply, Tate, Black, Gambrell, Anderson, Power, Pennell and Neuffer.

Dr. B. L. Chiply, chairman committee on fees, made a report for that committee. After considerable discussion the committee was continued with instructions to report some definite plan at our next meeting.

Dr. B. L. Chiply read a paper on the Management of Normal Pregnancy and Labor. This paper was freely and ably discussed by Drs. Neel, Sloan, Epting, Fuller, Page, Lyon and Gambrell. It was moved and carried that Dr. Chiply's paper be sent to our State Journal for publication.

The next meeting will be held at Lowndesville, S. C., the first Friday in September. Papers are to be read by Drs. J. R. Bell and J. R. Power.

The doctors of McCormick served a most elegant and bounteous barbecue dinner which it is needless to say was enjoyed by every one present. A rising and unanimous vote of thanks was tendered the physicians and citizens of McCormick for their splendid entertainment.

G. A. NEUFFER, Reporter.

PICKENS COUNTY MEDICAL SOCIETY.

Pickens County Medical Society met August 7th, 1912. Dr. C. N. Wyatt, president, called the meeting to order. Drs. J. O. Rosamond, L. G. Clayton and W. A. Woodruff were the only members absent.

Dr. Sheldon reported two cases, one of Face Presentation and another of Abscess of the Lungs. Dr. L. F. Robinson reported a case of Hemorrhage of the Bladder that had not yielded to treatment. Dr. C. N. Wyatt reported a case of Infantile Paralysis.

Dr. L. F. Robinson read an interesting paper on Malarial Fever. The paper was ably discussed by Drs. J. L. Valley and Milton Ponder.

Dr. J. L. Bolt read a paper on Calomel. This paper was freely discussed by Drs. Valley, Long, Robinson, Russell, Tripp and C. N. Wyatt.

On motion of Dr. W. A. Tripp, greetings of the Pickens County Medical Society be sent to the Saluda Medical Society. Dr. Parker, of Williamston, S. C., is secretary of this Society.

Dr. Lake Jameson was present at this meeting and invited to a seat.

R. J. GILLILAND, M. D.,
Sec. Pickens Co. Med. Society.

MEETING OF THE SECOND DISTRICT ASSOCIATION AT BLACKVILLE, JULY 2, 1912.

It was decided at the State meeting that was held in Columbia in April to

drop Lexington from the 2nd District Association on account of the distance and instead to take in Bamberg and Hampton. The Second District now includes the medical societies of the following counties: Orangeburg, Calhoun, Bamberg, Barnwell and Hampton.

The Association met at Blackville on July 2, 1912.

The program was unusually good. It had been previously arranged for the Barnwell County Medical Society. Some additions were made when it was decided to have a joint meeting.

The paper by Dr. Thos. R. Wright, of Augusta, Ga., dealt with the practical side of "Asepsis." The subject was "The Value of Asepsis as Applied to the Country Doctor." Dr. J. Adams Hayne, of Columbia, S. C., gave a talk on "The Disposal of Sewage in Small Towns and in the Country."

Dr. A. E. Baker, of Charleston, spoke upon "The Diseases of the Upper Abdominal Tract and Their Relation to So-Called Biliousness." His very illuminating lecture was an eye opener to us all. The doctor has evidently done some very original investigations as well as thinking along these lines. He took up in succession the gall bladder, the appendix, the duodenum, the pancreas, the stomach, etc., in relation to this very frequent complaint. Those who heard him were fully convinced that some of their bilious patients needed an operation instead of drugs or a change of air or diet.

Dr. T. G. Croft read a paper which touched all of our hearts and made us feel that we wanted to work harder for the success of our medical societies than before and raise the standard of our profession. He gave us the benefit of some of his years of valuable experience which we were glad to hear and which was an inspiration to us.

Dr. F. H. Boyd, of Allendale, read a paper on "Enterocolitis" which was quite timely, for we have it with us all summer.

The day in Blackville, aside from the mental feast, was one long to be remembered. The Blackville physicians know how to entertain. When dinner was announced we repaired to the grove at Healing Springs, where the physicians' wives and mothers had spread a beautiful repast. The meats were barbecued in gennine old fashioned style. It did us a world of good just to sit under those big trees and have a real sociable time together. The district associations are wonderful things after all. They help us in so many ways. They lift us out of ourselves for one thing and then besides helping us keep in touch with each other, they bring to us the latest discoveries in the medical world. Let us all attend them.

The next meeting will be in Bamberg in January. The officers for the coming year are Dr. J. J. Mathews, Denmark, President; Dr. D. K. Briggs, Vice-President; Dr. Sophia Brunson, Secretary.

SOPHIA BRUNSON, M. D., Sec.

Public Health Department

CHANGE OF NAME OF THE PUBLIC HEALTH AND MARINE HOSPITAL SERVICE.

The United States Public Health Service.—In former issues we several times called attention to the so-called Personnel Bill designed to make the salaries of the officers of the Public Health and Marine Hospital Service equal to those of the corresponding grades of the army and navy medical services, and urged its passage by Congress. The original Personnel Bill had

passed the Senate and with a favorable report from the Committee on Interstate and Foreign Commerce was awaiting action by the House. On August 13, 1912, the bill was taken up by the House and amended by substituting for the original a bill offered by Mr. Mann. The amended bill passed the House and Senate on that date and was approved by the President on August 14. The bill as passed contained the essential features of the original with certain additions. The name of the service is changed from the Public Health and Marine-Hospital Service to the Public Health Service, a title at once shorter and more usable. The salaries of the officers are made equal to those of the medical corps of the Army and Navy. Provision is made for the service to investigate the "diseases of man" and the conditions influencing their propagation and spread. This is to include sanitation and sewage, as well as the pollution, both direct and indirect, of the navigable streams and lakes of the United States. It is also provided that from time to time the Public Health Service may issue publications containing information for the use of the public. Congress has done well to pass this legislation, not only as a matter of justice to the officers of the Public Health Service and recognition of the splendid work of the service in the past, but also as a necessary step toward insuring the continuance of this efficiency. Under the amiable leadership of Surgeon General Blue it is not too little to expect a great advance in the value of its Public Health Service to the nation, in preventing and controlling disease, especially epidemic disease, among human beings. When a Department of Public Health is created as it undoubtedly will be in the near future, there will be little to do to make it effective beyond the transfer of certain bureaus from other departments to the Public Health Service and the elevation of that to the dignity of a department already in full working order.—Editorial, *Medical Record*, August 31, 1912.

THE MEDICAL INSPECTION OF SCHOOLS.

But are they? A carefully reasoned investigation by Dr. A. Banks Raffle, school medical officer of South Shields, England, in the *Lancet* for Feb. 3, 1912, which appears to depend upon a concurrence of data as apt as though they had been the result of careful and deliberate experiments, tends to show clearly that they are not. An epidemic of measles broke out in the spring and summer of 1911 in 15 out of 21 infant schools in South Shields. The number of children exposed to infection in these 15 schools was 4,470. Of these 2,190 were susceptible, never having had measles (a fact ascertained during the preceding three years of school inspection). During the period before the closing of the schools 618 became infected. In the 14 days following the closing, i. e., in the period during which the infection might have begun at school, another 140 were infected. That is to say, during the period in which infection at school was a possible factor, 758 out of 2,180, or 34.77 of those susceptible, became infected, either at school or at home. That left 1,442 susceptible children clearly free from infection contracted at school at the time of closing the schools. Of these only 75, or 5.13 per cent contracted measles from all the other possible sources, the school room alone being excepted. It seems fair to assume, therefore, that of the 34.77 per cent who might have contracted their measles in school 29.64 did actually so contract it, as against only 5.13 per cent who possibly became infected from home sources.

The medical inspection of schools

has passed beyond the stage at which it is necessary to adduce arguments in support of its desirability. Yet if such were wanted it seems that the present instance gives an undisputable proof of one of the benefits that may be looked for from it. The great practical value of the preceding record as to the amount of susceptible measles material in the schools is here clearly demonstrated and in like manner often in a few years a vast amount of valuable statistical data of various kinds, if the work of school inspection and medical history recording is conscientiously performed, will inevitably be accumulated. Let no fact, therefore, be held too trivial for consideration, but let everything that can conceivably have any bearing, even a remote one, on medical statistics be systematically recorded, even though the direction in which it may become ultimately of value be not at the time definitely apparent.—*American Medicine*, August, 1912.

SOME OBSERVATIONS RESULTING FROM THE EXAMINATION OF MORE THAN FOUR HUNDRED COLORED PUPILS.

By Theo. A. Quattlebaum, M. D., Columbia, S. C.

The ages were from 8 to 16, the majority being from 12 to 16.

1. The large number of greatly enlarged tonsils in those from 14 to 16.

2. The small percentage of these cases, giving a history of a previous attack or attacks of tonsilitis.

3. That a considerable proportion of these hypertrophied-tonsil cases seemed to be poorly nourished.

4. The probability that some tonsils, though giving no local signs, may be dangerous to health.

5. That greatly enlarged tonsils should be removed partially at least though a history of the local trouble be negative.

MINUTES OF THE SCIENTIFIC SESSION OF THE SOUTH CAROLINA MEDICAL ASSOCIATION, COLUMBIA, S. C., APRIL 17, 1912.

(Continued from August Journal.)

Dr. Robert Wilson:

Mr. President and Gentlemen: I have an announcement to make, and the president kindly granted me the privileges of the floor at this moment.

For a considerable time past I have had in mind the organization of a club —let us say—within this association, for the purpose of studying our own medical history. I have been very much surprised to find what a mine of wealth we have, and how much of that valuable material has been lost, and is being lost, because of our negligence and indifference. It has, therefore, occurred to me, and Dr. Babcock and some of my friends with whom I have talked it over agree that we ought to gather together, within the membership of this Association, some kindred spirits who are willing to come and work with us, and let the world know what the medical history of South Carolina is. We really have had a remarkable medical history, but the names of the men who have made South Carolina glorious in the past, have been forgotten. So many have forgotten the names of Lining, of Gardner, of J. Lawrence Smith—a man who was selected to succeed Sir Charles Lyill as a member of the Institute of France, which shows the position he held in the scientific world. So, these things coming home to me, I am appealing to you to help us in gathering together the things that have been forgotten and in publishing them to the world. A few of us have had a meeting and have decided to effect such an organization and have done me the honor of making me the chairman of this little club. In

commemoration of a member of our profession who was the first citizen of South Carolina—the first resident—I do not know whether he was the first white man to set foot on South Carolina soil, but he was the first resident of our State. Dr. Babcock has suggested and we have looked favorably upon his suggestion, that we should name the club the Henry Woodward Club for Research in South Carolina Medical History. All members who are interested in this work are invited to give me their names, and all who give me their names at this session, will be considered charter members of this club. We only want those who will work. Those who do not want to work, who simply wish to associate themselves with the organization, without contributing anything, we do not want. And we want each man, at the annual Association, to make his contribution, be it little or be it large, and if we would all get together, gentlemen, we would have something really valuable and which is permanently valuable. I will ask you to join with us in this work. If no one else joins us, this little band is going to do the work. We want the help of all. We want all of you who are interested and willing to work, to join us, and do what I believe is a great work for our State and for medicine.

I thank you.

The President: Special order of business this morning, referred from the House of Delegates from yesterday's session, is the filling of vacancies existing in the State Board of Medical Examiners.

The nominations as suggested by the House of Delegates will be read by the Secretary.

Dr. Harry H. Wyman, Dr. A. Earle Boozer, Dr. H. L. Shaw, Dr. Talley Taylor, Dr. A. M. Brailsford, Dr. W. W. Fennell.

Dr. Carroll: I move that the names suggested by the House of Delegates be adopted by the General Assembly. Seconded by several and motion carried.

The President: Another special matter referred by the House of Delegates to the general session this morning, was in reference to the Sims Memorial Monument Committee. The committee which was appointed to take in charge this matter, failed to report on yesterday at the House of Delegates, and a temporary committee was appointed by the House of Delegates to bring the matter before the general sessions meeting today, for arousing interest, and perhaps to raise the necessary funds for commemorating the memory of Dr. J. Marion Sims.

Dr. Robert Wilson: I desire to state, Mr. President, that Dr. Kollock and myself will make a report later in the day to this body.

REPORT BY DR. ROBERT WILSON, CHAIRMAN OF THE SIMS MEMORIAL COMMITTEE, APPOINTED BY THE HOUSE OF DELEGATES.

The reason that we did not report on yesterday, Mr. President, was that we were anxious for the members of the old committee to be present and aid with suggestions and inform us what had already been done.

After going over the matter very carefully, your committee would suggest that, in the first place, a sub-committee for each County Society in the State be appointed, to work with and under the central committee already organized. That that sub-committee shall have for its duty, in a general way, the collection of subscriptions among the members of the Society, the stimulation of the Society to an interest and activity, and that they shall en-

deavor to stir up an interest among the people of the towns, especially among women, getting the womens' clubs interested and enlisted, so that they may work for the same end by entertainments and by whatever means they may devise to collect money. We also think that it is a good plan for THE JOURNAL to keep Sims continually before the profession. For instance, it might publish a picture of him, and carry it on from month to month, and every month publish something about him; extracts from his work, anecdotes, and so on; something that will prevent us from forgetting the object we are working for. Now that the legislature has made the appropriation it is our duty to see that this money is raised, and it will be to our everlasting shame if we do not do so, and see that this great Carolinian, who has made us so distinguished and so glorious, is not neglected. The chairman of the committee, who has had in charge the collection of funds, has arrived this morning—Dr. Baker—and I shall ask him to lay before you the status as presented by that committee.

Dr. S. C. Baker:

Mr. President: Dr. Wilson has made a mistake in styling me chairman of the Sims Monument Committee. Dr. Grange Simmons is the chairman. I was serving as the secretary of the committee. The committee had much to do with formulating of this bill which has been carried through the Legislature, but a great deal of thanks is due to Dr. Strait, the Senator from Lancaster County, who introduced the bill in the Senate and helped to push it through to its final passage. I think that a vote of thanks is due to him for the energy and patriotism he displayed in carrying through the bill.

As Dr. Wilson has said, we have half the estimated cost of the statue guaranteed by the Legislature. It is up to us—the members of the South Carolina Medical Association—now to raise the other half. It was estimated that the cost of the statue would be $10,000. We got into communication with Mr. F. W. Ruckstuhl, the sculptor of the Hampton and the woman's monuments, and he told us that he would be willing to do the work for $10,000. Of course we, as a committee of this Association, have no authority to employ any sculptor. The provisions of the bill give the power to the governor to appoint a part of the members of the commission for this statue, and several members of it are to be members of this Association, nominated by the Association, and others of the commission are to be laymen—or, at least, not necessarily members of this Association.

I think it is well for this committee to get into communication with the attorney general and see exactly what the immediate status of the question is, and also to go ahead with the raising of the additional money. The committee communicated with the officers of every County Society, asking them, as long as two or three years ago, to get to work and see what they could raise. There was not any very definite response from any of the County Societies, because the giving of this $5,000 by the Legislature was somewhat in doubt and the County Societies seemed to be holding back until the appropriation was a certainty.

Now I think there is going to be but little trouble in getting the money raised. Practically the Columbia Medical Society pledged $500 as its share. There are 43 counties in the State, which, at $250 per county, would give the amount we want to raise. Of course some counties will be able to raise very much more than other counties will do. The amount Columbia has guaranteed is as much as two ordinary counties would give. I think if the Society will

take active charge of this now, and call to its assistance all the womens' organizations in the State, that it can be raised very quickly.

I think it is entirely proper that the womens' organizations of the several counties should have the privilege of contributing toward this sum. Sims' work was pre-eminently for women, and they should be extended the privilege and opportunity to contribute their quota toward this monument, and I think that they will do so, if the matter be brought to their attention in the proper way.

A small amount in cash has been turned over to the treasurer of the committee, Dr. Kollock, and there has been some little expenditure for stationery, stamps, etc., which does not amount to a great deal, but has nearly equalled the collections up to this time. Let us all put our shoulders to the wheel and carry this subscription campaign through with a rush.

Upon motion, the report of the committee was adopted.

Dr. C. F. Williams, Columbia.

With reference to a meeting of the national convention for the study and prevention of pellagra, in order to get the sentiment of this body whether that body be invited to meet here next fall, I make the motion that we endorse the President, Dr. Babcock, in extending an invitation to that Association.

Dr. Babcock:

If the Association wishes to have that body meet in South Carolina, it seems to me that it should be made entirely clear that that meeting shall be held at a separate time from the fair. It deserves better treatment than being a side-show at the State Fair. It seems if that meeting is to be held here, it should be about the first of October, and if the announcement were given out now, we could, perhaps, get a gathering larger than any other city in the State. It seems that the time of the meeting, Mr. President, might also be suggested.

Dr. J. A. Hayne, Columbia, S. C.

I heartily endorse Dr. Babcock's ideas in regard to having another pellagra conference here. This is one of the most important matters with which the State Board of Health, and the physicians at large, are interested in. We have, so far, been unable to determine the cause of pellagra. We have at present in this State Dr. Currey, of the U. S. Hospital service, sent here to study the disease; we have Mr. Jennings and Mr. King, of the Agricultural Department, who will remain here a year, studying it, and yet we have been unable, so far, to tell the cause of the disease, and possibly a conference might shed some light upon it. The only objection to South Carolina having this conference again, it seems to draw attention to the State as having more pellagra than some of the other states, which is not a fact. It has not nearly so much as the State of Georgia or some of the other states. The conference held here in 1909 was of international importance, and should we have this conference again, I have no doubt we could secure the attendance of men whose names stand high in international medicine. The time of the meeting, I think, would perhaps be better in September than at any other time, as at that time we would be able to present more clinical material to the Association than at any other time. Pellagra is not on the decrease. Of course, during the winter, during the time the stage is dormant, we do not have our attention so much drawn to it, but within the next two or three months the pellagra patients will demand the attention of every physician in this assembly. I hope the Association will co-operate and assist this con-

ference in making it such a success as the one was in 1909.

Motion carried, to hold the meeting in September, the date to be given later.

Dr. Charles M. Rees:

Mr. President, and Fellow Members of the South Carolina Medical Association: It has come to my knowledge (although I have had no official notification of it) that I have been elected President of this Association and I do not doubt that it is true. I will be obliged to leave at five o'clock this afternoon and regret that I will not be present at the end of this session. I beg the privilege of expressing my appreciation of your kindness for electing me your President for this year.

I joined this Association in 1889 and have attended all the meetings except three—in 1890, 1904 and 1906. I must admit that I have contributed but little for the good of the Association during these years. I have been often before the Association with some contribution of one sort or another, but of its administrative affairs and general good, I have contributed very little. Most of what I have done here has been possibly in a selfish way. It has been always a pleasure to be here among my friends and to come for the benefit that I could get from being with them. But, if this honor comes as an inheritance and for constant attendance, then, possibly, I have some right to it.

I have never felt a desire for office, nor for that part of the work. My interest has been largely in the scientific sessions of the Association. I have often marveled—it has been a surprise to me and an admiration too, at the number of good men that we have had in the Association who have devoted in the most unselfish way their time, at their own expense and with no hope of glory of any sort except to benefit the Association. When I recall the untiring work they have done for the Association, I reproach myself that I have contributed so little. Possibly my friends have recognized my unfitness and I have not been called on for that reason.

Now that I have been elected to the presidency, I have only to say that I will make an effort, and an honest effort, for the good of the Association, and I feel that I come into it at a most favorable time, when our progress and general condition of harmony have never been better. And taking up this work at this time, with the valuable aid of my friend, the Secretary, Dr. Hines, I shall make an especial effort to make up for some of the short-comings in the past twenty-three years.

I do regret very much that I will be obliged to leave before the session comes to an end, although there is very little except some few formalities at the close. But, I thank you, gentlemen, and really feel the responsibility that has been placed upon me in accepting this honor. I shall make an earnest effort to discharge it to your satisfaction, and give you as little cause for regret as it is possible, and certainly, unless some extraordinary circumstance prevents, will be with you next year at Rock Hill. (Applause.)

The Secretary:

Gentlemen, this concludes the program, and the president directed me to dissolve this august body.

Dr. Earle:

I move that this Association extend its thanks to the Columbia Medical Society and to the City of Columbia for their very hospitable treatment of us while here.

Motion carried.

The Secretary:

The South Carolina Medical Association stands adjourned.

Book Reviews

Surgical Clinics of John B. Murphy, M D., Volume I, No. IV August)—The Surgical Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. Volume I, No. 4 (August). Octavo of 154 pages, illustrated. Philadelphia and London: W. B. Saunders Co., 1912. Published bimonthly. Price per year: Paper, $8.00. Cloth, $12.00.

The contents of this volume should interest every surgeon, practitioner and student. We have here a comprehensive consideration of such subjects as Acute Appendicitis and Pneumonia, Chronic Appendicitis, Aukylosis of the Knee, Joint Infections, Traumatic Epilepsy, Hypertrophy of Prostrate. We especially commend the innovation of reporting the Student's Clinics in addition to the Clinics for Physicians only. This clinic is on Fractures and is highly instructive.

* * *

Pellagra—History, Distribution, Diagnosis, Prognosis, Treatment, Etiology. By Stewart Roberts, S. M., M. D., Associate Professor of the Principles and Practice of Medicine, Atlanta College of Physicians and Surgeons, Atlanta, Ga.; Physician to the Wesley Memorial Hospital; Formerly Professor of Biology in Emory College. With eighty-nine special engravings and colored frontispiece. St. Louis: C. V. Mosby Company, 1912. Price $2.50.

Dr Roberts has written a very creditable book indeed. The author had the advantage of a personal investigation of Pellagra in Europe and therefore has given a splendid contribution to the history of the disease.

The chapter on the nervous manifestations of Pellagra is very good. The illustrations in general are numerous and for the most part excellent.

The publishers have evidently exerted great efforts to present to the profession an attractive book. They have succeeded. We are glad to welcome another Southern work on this highly important subject and the modest price makes it possible for every doctor to purchase one.

* * *

The Practical Medicine Series—Comprising ten volumes on the year's progress in Medicine and Surgery, under the general editorial charge of Gustavus P. Head, M. D., Professor of Larnygology and Rhinology, Chicago Post-Graduate Medical School; Charles L. Mix, A. M., M. D., Professor of Physical Diagnosis in the Northwestern University Medical School. The Year Book Publishers, 40 Dearborn street, Chicago, Ill.

These year books continue to be very popular with the profession. Each one is an epitome of progress throughout the world in the subject treated of. The editors are men of international reputations. Volume 1, General Medicine, is edited by Frank Billings and J. H. Salisbury and covers a wide range of subjects.

Volume 2 is edited by that master surgeon, John B. Murphy. This is unusually exhaustive and is highly satisfactory from almost every point of view.

Volume 3, Eye, Ear, Nose and Throat, by Wood, Andrews and Head covers these specialties in a very creditable manner. It is incumbent upon the general practitioner to be up to date in these specialties if he would do his patient full justice. If he reads this book he will be in possession of this knowledge.

Volume 4, Gynecology is edited by E. C. Dudley and C. von Bachelle. Not only have the editors presented the year's work in Gynecology but have made critical comments as well. The series of 10 volumes sell for $10.00 but each volume may be purchased separately if desired.

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Editorials

THE PELLAGRA CONFERENCE.

The Conference of the National Association for the Study of Pellagra, held in Columbia, October 3rd and 4th, was a success. That is to say, the standard of the papers offered was highly scientific, showing a distinct advance over those of previous meetings. In brief, the spirit of the meeting may be characterized as broad, scientific and tolerant.

The program was well arranged and showed that an earnest effort had been made by the committees to have pellagra considered from every viewpoint. Where so many contributions were of a high degree of excellence, it would be invidious to draw distinctions. The address of Surgeon General Blue on the Problem of Pellagra, one of the chief events of the occasion, is noted for its comprehensive view of the subject, as was to be expected. Dr. Blue spoke of the Conference as "epoch making." We trust that this prophecy may prove true, at least, in the sense that the proceedings of the meeting are well calculated to stimulate both scientific and clinical research as well as governmental aid. There was however, no announcement of any new, conclusive or startling discovery of the cause of pellagra nor of a specific treatment. Until the long mooted question of etiology is determined, no positive and final steps can be taken regarding either prevention or treatment. The papers on etiology as well as the discussions, naturally fell as of old into two groups: the Zeist and Antizeist, or the Lombrosian and Sambonian schools. Some of the ideas were new but most were merely repetitions of Italian polemics on pellagra.

Dr. Sandwith, of London, is clearly not the firm zeist that he once was. He raised the question whether, after all,

pellagra may not be a disease due to deficiency of nutrition. Dr. Sambon himself contributed some of the results of his last expedition into Austria, Roumania, Spain and France, where he found much to substantiate his doctrine that pellagra is a disease of parasitic nature allied to malaria and conveyed to man through the agency of a blood sucking insect, probably water bred.

Dr. J. H. Taylor's paper informed us of Sambon as a scientific man and investigator in other departments of medicine than in the narrow and restricted field of pellagra. And it must be admitted that as an illustration of the uses of the imagination in reaching conclusions in medicine, Dr. Sambon is a shining example.

Following Dr. Taylor's paper a cablegram was read from Drs. Sambon and Chalmers, in London, announcing the discovery of records of sporadic cases of pellagra in Scotland in 1860, 1866, 1909 and 1911. The associated presence of Simulium was reported. As other cases are suspected, the writers believe that the importance of Scotch pellagra has been overlooked. Such oversight seems to be the fate of pellagra, as is well attested by its history elsewhere than in the United States.

Dr. Beall, of Fort Worth, presented an intelligent study of the pellagra mortality tables of the Texas State Board of Health, showing the great frequency of pellagra among women and the impossibility of the Simulium theory as applied to Texas, many cases developing fifty miles from a running stream.

The papers of Babes of Bucarest, and of Gosio and Antonini, of Italy, show that not only the Italians but other continental writers still find much in the Lombrosian theory of pellagra that is satisfying if not convincing. The paper by Dr. Volpino and his associates on the anaphylactic reaction of pellagrins to an aqueous extract of spoiled corn which non-pellagrins do not exhibit if corroborated by other investigators, will prove a distinct, if not "epoch making" contribution to the Zeistic theory. We trust that Dr. Volpino's experiments will at once be repeated by many American laboratory men and clinicians. If his claims are at all substantiated a great advance will have been made in our knowledge of the cause, diagnosis and treatment of pellagra, and possibly of prevention.

Dr. Bravetta's denial of the presence of a specific bacillus of pellagra in the blood and spinal fluid as has been claimed by Tizzoni and others also refers back that mooted question to laboratory men for revision, and substantiation or denial.

The epidemiology, prevalence and statistics of the disease received special attention from representatives of the Thompson-McFadden Pellagra Commission and of the U. S. Public Health Service. According to Dr. Lavinder's careful estimates there have been in the United States in the last five years about 30,000 cases of pellagra with a mortality of 30 per cent. at least. The import of these figures will probably be better appreciated if we apply them to some longer and better known disease like Cholera, or Yellow Fever or Plague. If it were shown that any of these diseases had prevailed to an equal extent as has now been demonstrated for pellagra, we doubt not that the Federal and State governments would long ago have shown commendable activity in handling such health problems. With reliable statistics now for the first time accessible it is to be expected that governmental bodies will soon supply funds for fully investigating pellagra.

As to the parasitic nature of pellagra and its intermediary host, Messrs. Jennings and King, of the U. S. Agricul-

tural Department, have not found the genus Simulium present in South Carolina in sufficient numbers to incriminate it as the cause of pellagra in our State, but they lean rather to the opinion that *Stomoxys Calcitrans* is the possible transmitting agent. Professor Hunter, of Kansas, on the contrary inclines from his investigations to suspect the Simulium or Sand fly; while Dr. Roberts, of Georgia, regards the common mosquito as the most probable intermediary agent. Equally divergent are the views of Dr. Deeks, of the Panama Canal Commisison, who finds in his pellagra patients a too common use of carbohydrates, especially cane sugar, and of Dr. Mizell, of Atlanta, who affirms that fats in the shape of semi-drying oils are the cause of the trouble. It will thus be seen that many theories as to the causation of pellagra were advanced but no clinical or laboratory facts were adduced, that would point to the real cause of the disease.

Dr. Bass, of New Orleans, thought we were no nearer a solution of the etiologic problem than we were three years ago and doubted whether it would be solved in the immediate future. The whole question of the metabolism of pellagrins seems to demand investigation by competent hands. Dr. Roberts, of Atlanta, sees analogies to pellagra in Malaria, Syphilis and allied disorders, while others in discussing his paper saw equally striking analogies in Scurvy, Beriberi and the other so-called food poisons which seem to depend upon a predisposing cachexia coupled with a monotonous dietary which lacks some element which curatively is supplied by fresh vegetables and fruit juices in scorbutic conditions and in Beriberi by a phosphorus element. That pellagra is an institutional disease was strikingly brought out, just as scurvy and beriberi are notoriously ship diseases.

Col. Watson demonstrated that much corn that has been shipped into South Carolina from the West has been "spoiled" to a degree that renders it unfit as food for either man or beast, leaving aside whether or not such corn has any relation to pellagra. Dr. Alsberg, of the U. S. Department of Agriculture, reported upon his investigations of moulds of the genus *Penicillium*, which he found were toxic to experimental animals and largely confirmatory of the investigations of Ceni and other Italian scientists.

An interesting focus of pellagra in the public charitable institutions of Rhode Island was reported by Dr. Harrington. Scientifically a most valuable and painstaking contribution on the histo-pathology of pellagra was presented by Drs. Singer and Pollock, of Illinois, who find that the post mortem lesions of the disease seem to ally it with delirious conditions such as are produced by alcohol, and that there are in the central nervous system no post mortem findings diagnostic of pellagra.

The possible association of pellagra and beriberi seem indicated by the observations of Dr. Wilson, of Charleston, and Dr. Saunders, of Columbia.

There were in all 67 contributions to the program, a number which it was impossible to present in the six sessions during two days. With the exceptions of papers sent from foreign lands, it was decided to read only those contributions whose writers were present. In this way the ground was fairly well covered, although some valuable papers were read "by title" only.

The attendance reached about 150, visitors coming from distant Missouri, Texas and New England. South Carolina was not as well represented as it should have been.

The membership fee was fixed at five dollars, in order to insure the publication of the Transactions, which will

probably cost in the neighborhood of two thousand dollars. As two hundred and fifty dollars only was paid to the Treasurer before adjournment, the funds for securing the publication of the proceedings must be obtained elsewhere, either by popular subscription or legislative aid.

The following are the resolutions adopted by the Conference:

"Whereas, the second meeting of the National Association for the Study of Pellagra is about to close its most successful meeting at Columbia, it seems fitting before final adjournment that certain things should be made a matter of formal record; therefore, be it resolved:

"1. That the Association desires to express its appreciation of the courtesies exhibited by the city of Columbia, by the authorities of the insane asylum and especially by its president, J. W. Babcock, to whose personal energy the success of this meeting has been largely due.

"2. That this Association reiterates the belief, formerly expressed, that the ultimate cause of pellagra is unknown, but it is of the opinion that in view of the indictment against 'spoiled corn' measures should be taken by proper enactment to prevent its sale and consumption as food.

"3. That this Association expresses the conviction that no satisfying evidence has ever been submitted which shows pellagra to be directly transmitted from man to man; and that in the present state of our knowledge the Association regards measures of quarantine and isolation for the disease unnecessary and unwise.

"4. That the Association is convinced that there is at present no known specific remedy for pellagra and any claim made for the efficacy of any especial therapeutic agent must be accepted with great caution.

"5. That this Association recognizes pellagra in the United States as a matter of great importance to the national public health and notes with approval the interest of the United States Public Health Service in this subject. It is hoped the Congress of the United States may appropriate sufficient funds for the continued extension of the work.

"6. That the work of the Thompson-McFadden Pellagra Commission is approved and the example of its generous founders commended as worthy of emulation."

At the last session the resolutions came before the body again because of some seeming obscurity as to one or two of their parts. No changes were made in the resolutions as adopted, however. Dr. W. J. MacNeal, assistant director of laboratories, Post Graduate Medical School, New York, proposed an amendment to the paragraph dealing with the transmission of the disease. He stated that he considered the paragraph absolutely true; but thought that it was capable of misinterpretation, inasmuch as there was the possibility of pellagra being transmitted from one person to another by insects or such other media. Considerable discussion ensued, terminating only with the withdrawal of Dr. MacNeal's amendment. He reiterated in withdrawing the motion that the paragraph in the resolution was true, although not clear as to its meaning.

New officers were elected. The place of next meeting was left to the president and board of directors for decision. The new officers are: Dr. C. H. Lavinder, United States Public Health Service, president; Dr. J. F. Siler, captain, Medical Corps United States army, first vice-president; Dr. C. C. Bass, professor in Tulane University, New Orleans, second vice-president; Dr. J. W. Babcock, superintendent of

South Carolina State Hospital for the Insane, secretary, and Dr. J. A. Hayne, of the South Carolina State Board of Health, treasurer. The new members of the board of directors are: Dr. J. J. Watson, Columbia; P. E. Garrison, assistant surgeon, United States Navy; K. H. Beal, member of Texas State Board of Health, and L. J. Pollock, State Psychopathic Institute, Illinois.

Original Articles

THE MANAGEMENT OF NORMAL PREGNANCY AND LABOR.*

By B. L. Chipley, M. D., Calhoun Falls, S. C.

Mr. President and Gentlemen: The subject upon which I have selected to read a paper is in no wise a new one, therefore I shall not expect to inform you of anything with which you are not already thoroughly familiar, but I hope this paper will be freely discussed and criticised by every member present. The practice of modern obstetrics has made marvelous strides in the past few years and the mortality rate for both mother and child has been greatly reduced, but there is still great room for improvement among the profession and especially we general practitioners. I shall first take up the management of normal pregnancy which for the sake of convenience I will subdivide. From a biologic sense we may consider the pregnant state the most important function of the female reproductive system and it may be considered a normal process, but we must keep in mind the numerous changes which occur in the maternal organism during parturition and remember that the border line between health and disease in this condition is very indistinct. 1. As to the advice to be given the patient when we have been engaged as to the breast, bowels, diet, exercise, clothing, sexual intercourse, urine, nausea, etc.

Breast. In the latter months of pregnancy particular attention should be directed to the breast and nipples so that by appropriate treatment such conditions as fissures and infections may be prevented. To prevent fissures anything which tends to make the skin more resistant should be used, and I prefer a saturated sol. of boric acid. When the nipples are small or retracted a wooden shield or massage may be used.

Bowels. The bowels should be closely watched all during pregnancy, as we well know that as the uterus enlarges it very often interferes with normal peristaltis and it is our duty to see to it that the bowels are made to act normally each day by giving some light laxative as a lapactic pill or cascara and I have never seen any bad results from an occasional dose of calomel.

I think we should allow our patients to continue their usual customs in regard to diet only warning them in regard to highly seasoned foods which would necessarily bring on more or less digestive disturbances.

Exercise. This is one of the most important things with which we should instruct our patients and probably one of the hardest to get ordinary patients to carry out. Walking, driving, massages may all be permitted and it is my usual custom to instruct my patients to take a short walk each night just before retiring.

Clothing. Very often we are asked in regard to the wearing of corsets and I think we would be on the safe side to advise against the use of them and especially in the latter months. Of course, in multiparae, where there is great relaxation, some form of support should be used and where the patient is able I advise having a corset made to measure by some house which makes

a specialty of same.

Sexual Intercourse. Where there is no tendency to abortion sexual intercourse should be permitted in normal healthy individuals up to the last month of pregnancy but never beyond this period. There are many reasons why sexual intercourse should not be allowed after the last month but I will only refer to the most important in my opinion and that is infection of the genital tract. There are many infections of different kinds which we may have to deal with at this period which may endanger the life of both mother and child, and I think it is the duty of every man in the practice of obstetrics to warn his patients of the consequences of a continuation of intercourse after this period. It is not necessary for me to mention the awful results to mother and child of gonorrhoea contracted at this or any other period of pregnancy, but I think we should consider that if it is contracted at this time both the child and the mother have greatly lessened chances to escape its ravages. There are a great many cases of septicaemia on record that their cause has been traced to intercourse just before labor. I shall not take up your time any longer with this part of the discussion but think it is a subject which we very often neglect in the way of giving advice to our prospective patients.

Urine. With the exception of one other which I shall mention later on, if everything else is neglected this one of frequent examination of the urine should never be, and with the exception mentioned above I class this part of the management of normal pregnancy as one of the most important. Without going into the different methods of examination of the urine and discussing their relative merits, I would like to ask the question if we do not too often make our examinations in somewhat of an unscientific or inexact manner. Of course it may be argued that we have no exact methods at our disposal but that is the very reason why we should strive to use those which years of experience have taught to be the best, for the general practitioner, with greater care and diligence than we would if we had some absolutely exact methods. We all know the frequency of renal disturbances and the consequences which may result from the same if neglected, therefore we should begin in the beginning of pregnancy if it is possible to make an examination of the urine twice a month for the first six months and from then to the end of pregnancy once or twice every week.

Patients naturally become negligent in regard to this some times, thinking their condition is alright and that this is a needless inconvenience, but it is the duty of the conscientious physician to impress upon them the great necessity of a routine examination of the urine. We should instruct them to notify us of any of the following symptoms: Headache, scanty urine, disturbance of vision, swelling of any part of the body, the loss of very small quantities of blood, constipation, undue nervousness, peculiar sensations which the patient cannot explain and numerous other symptoms which may indicate renal involvement. We should not only make examinations for albumin and sugar but it is my opinion that every case at one time or another should be examined in regard to the amount of urea excreted in the 24 hours. This is at times far more important than the amount of albumin to be found present. Those who have a microscope and are capable of using it should always make use of the same. Very often we find a trace of albumin present which in spite of all we can do persist without giving any symptoms and we may be at somewhat of a loss to account for this, but if we can get a specimen of urine with a

catheter and examine it microscopically and find no casts of any amount, we are naturally led to the inference that the albumin was probably due to some discharge from the urethra or vagina. Before leaving this part of our paper I would like to make a special plea for more frequent and better examinations of the urine of our obstetrical patients.

Nausea. This is a subject that does not properly belong under normal pregnancy, but as there are so few cases that do not have more or less nausea, I thought it would be permissible to discuss it. I suppose nearly every drug in the Pharmacopiae has been used in the treatment of this disorder with practically no success. It has been my custom to first try to decide whether the trouble is a pure neurosis or if there is some pathological disturbance present. If it is a neurosis treat same with talks, persuasion, baths, massage, change of climate and surroundings and as little medicine as possible. If you are satisfied some pathological lesion is the trouble the sooner you do something for this the better it will be for you and the patient.

The Preliminary Examination. This I consider the most important part in the management of normal pregnancy and the man who has the opportunity and neglects it or doesn't attach much importance to it should be held criminally responsible in the event of a fatal termination of labor which probably could have been avoided if the trouble had been recognized by an early examination. If we could only save a few lives by strictly adhering to a rule of demanding this examination and educating the public of the great necessity of the same we certainly should feel well repaid for our efforts. When we realize the great number of deaths that have occurred in the past and still entirely too many at the present time by the neglect of this preliminary examination, I think we should use every known means at our disposal to prevent such catastrophes in our obstetrical work.

As to the time we should make this examination, I usually try to make same about six weeks before the probable date of the confinement. We should examine our patient thoroughly as to her general condition, first noting if there is anything in her general condition which is abnormal, then by external manipulation alone map out the presentation and position of the child. There are some few cases which require a vaginal examination at this time but the majority do not. In those cases which require it and the patient refuses to submit to same we should by all means absolutely refuse to have anything to do with the case. Pelvimetry should by all means be used in every case, and it is said that the man who attempts to practice obstetrics without the aid of this valuable assistant is comparable to one treating diseases of the lungs without auscultation and percussion. This is one of the greatest things modern obstetrics has given us. If we find the measurements between the iliac spines and crests normal or approximately so, external pelvimetry usually suffices, but if Boudelocques diameter is 18.5 centimeters or less we should use internal pelvimetery but as Williams and some of the other authorities say it is only in very rare instances where a vaginal examination or internal pelvimetry is necessary at the preliminary examination. After we have estimated the probable date of confinement and found nothing wrong it usually is a great relief to the patient to tell her that everything is alright. In those cases where we find trouble it is our duty to notify some close relation of the patient and thereby protect ourselves. We should by all means make

use of a blood pressure instrument at this examination and as often as we think necessary as in this day of progress every man who is doing any work must have one.

As to the Agreement or Understanding We Should Have With the Person Engaging Our Services.

I take this up the last thing in this part of the paper but certainly do not consider it the least by any means. We are usually engaged by the husband of the party and I think it is a good and safe rule to give them to understand that this is a cash proposition and explain to them why it should be so. It very often takes up a great amount of our time and is a source of great worry and inconvenience and the workingman can very easily set aside from his wages the necessary amount to pay our fee. In fact, if he can't do this in nine months it is usually a hopeless case and you need not expect to get anything for your services. But we need not sleep on our rights as this class of patients can be made to get the money if it is put up to them in the proper business like manner. We should tell them if they want first class service they must be willing to pay a first class price and, gentlemen, I contend that no case of obstetrics can be given a proper attention for less than twenty-five dollars. I do not mean to bring a fee question up for discussion in this paper, but see no reason why this subject should not be touched upon. There may be some of us that contend that this is too much but I take this view, if we can get anywhere from $100.00 to several thousand for removing an appendix or some uterine or ovarian tumor, in the name of all common sense isn't it worth at least twenty-five to assist in the removal of a living human being from a woman's uterus. I go further and contend this, that nine times out of ten when we don't get as much as this amount we don't do a first class job. Now don't misunderstand me, gentlemen, by thinking that I mean to say by this that it is never done for less than this amount, for that would be a foolish statement and far be it from me to insult my brother physicians who are listening to me, but I do mean to say that at the present price of living expenses, education, and to properly equip yourself with instruments, etc., to meet emergencies in these cases and the time you are compelled to be with them you simply cannot do a first class job for less. And we have no one to blame for the low prices we are getting but ourselves, for it is no argument to say that our patients can't pay this for we had just as well argue that we can't buy automobiles to practice medicine with yet I notice the majority of us have them. The public is also entitled to know that unless we get a just remuneration for our services they must expect to get a cheap job.

These statements may sound somewhat harsh but they are absolute truths. We certainly can never expect the public to do anything unless they are educated up to certain standards and as we are supposed to be the custodians of the health in our respective communities, why not tell the public the truth, the whole truth and nothing but the truth? If there are a certain number of physicians, and of course there always will be, among us, these kind who contend for cheap prices, they should not object to being held up to the public as doing cheap work. These men are hurting no one but themselves and while they may flourish for a while, sooner or later the public wakes up, and in the long run it is a question of the survival of the fittest, and who would say that the cheap man has any chance in the struggle. No, gentlemen, the only reason why we don't get a first class price for these kind of cases is

simply because we don't demand it. There may be some who contend that you may write and talk all you please on the subject of better fees but it will never amount to anything, but such an argument is preposterous to my mind as it would be just as absurd for a man who had a desperate case on his hands to admit he was down and out and give it up as hopeless and sit still and do nothing. Nothing can ever be done unless we start at home first and believe within our own selves that anything we attempt can be accomplished. So the only solution is for each individual to do the right and square thing by the public, his brother physician, and himself by being conscientious in all work and doing nothing but first class work and demanding a first class price. If a man feels that he can't do this he had better get out of the practice of medicine, as there is no place in our overcrowded profession for such men. The husband of the patient should be impressed with the idea that the having of a child by his wife is no small matter and not devoid of danger by any means. He should understand that he is to report to us any small matter that seems to be troubling his wife and of the great necessity of routine examination of the urine and other subjects touched on in this paper. I could indefinitely continue this part of the paper but for fear that I may tire you I shall take up the second subject under discussion.

The Management of Normal Labor. This is a subject that has recently caused quite a discussion in the profession by an article which appeared in the *Journal* of the A. M. A., which undoubtedly was written by a man who was practicing medicine as it was a half a century ago. No less an authority than Williams has just recently made the statement that none of the men leaving Hopkins as graduates are competent to handle a normal case of labor. Such statements from such a source naturally make us sit up and take notice. I shall discuss this subject under different heads for the sake of convenience.

The Preparation of the Physician and Patient. The physician should of course have an obstetrical bag in which he should have all necessary medicines, instruments and sterilized towels, gauze, cotton, etc. He should by all means have a small sterilizer in his case. If it is possible for his patient to buy all things that she will need she should be instructed to do so. She should have an enema and the bladder emptied by the use of a sterilized catheter. As soon as we are called in these cases, we should make haste to get to the patient. It is not at all necessary to make an internal examination if by external manipulation we find the position and presentation of the child normal as well as the heart sounds. Unless the first stage of labor is prolonged we need make no internal examination is the dictum of the better authorities. It matters not what method of hand disinfection we use we cannot expect to get our hands absolutely sterile, but it is my custom to always use boiled sterile gloves. In all cases though we should disinfect our hands as carefully as if we were going to do a major surgical operation. We should wash the vulva and inner surfaces of our patient's thighs with green soap and hot water, and after this we should use fresh water and sponge with a 1-2000 bichloride solution. A sterile towel should be placed under the patient's buttocks to prevent our hand coming in contact with the bed provided we deem it necessary to make an internal examination. If we make an internal examination we should notice the size and shape of the pubic arch and the height of the symphisis, the

condition of the membranes and cervix, the presenting part and the presentation and position of the child and then the perineum should be palpated and if the head is not too low down the diagonal conjugate should be measured.

As to the Management of the Second Stage of Labor. This is usually ushered in by the rupture of the membranes but not necessarily so. The patient should be put to bed and kept there after this. The bed of course should be prepared with the usual rubber sheets and a Kelly pad. If the head has become engaged in the first stage of labor an internal examination at this time is not at all necessary, but if it hasn't, it then becomes very necessary to ascertain if the cord has prolapsed or if there is any other trouble. We should practice auscultation all through this stage to notice if the head is pressing too tightly against the cord for if such is the case it demands immediate delivery to prevent asphyxiation of the child. As soon as the head can be palpated through the perineum we should get ready for delivery by having sterile sponges, cotton and towels at hand. It is my usual custom to cover the patient's thighs and surrounding field with sterile towels. When the head passes into the pelvis it usually forces out small particles of faeces and these should be wiped away with cotton and the parts sponged with a bichloride solution. It is a good rule to always when cleaning your patient's vagina to make the movement of the hand downward as this will prevent any of the fecal matter from coming in contact with your supposedly clean field. When the head distends the vulva and the patient is suffering a good deal we should begin to use chloroform by giving it at the beginning of a pain and immediately stopping its use at the cessation of same. When the head begins to emerge from the vulva we should push the anaesthetic to complete anesthesia for a few minutes only. The perineum should be protected by using the thumb and three fingers of the right hand so as to cause extension of the head and no such methods as attempting to strip it back or putting the finger in the anus should be used as they are useless and dangerous. After the birth of the head we should ascertain if there are any coils of the cord around the neck and if we are unable to remove them we should clamp the cord and cut same and immediately deliver. The shoulders in the majority of our cases appear at the vulva just after external rotation and are born without any difficulty but when they do not the chin and occiput should be seized and downward traction made until the anterior shoulder appears under the pubic arch and then by an upward movement deliver the posterior shoulder. If the child begins to cry it is not necessary to ligate the cord at once but otherwise we should tie it off about 2 centimeters from the child's abdomen. The child should then be wrapped in a blanket or flannel and laid in a safe place until the expulsion of the placenta and the mother has been cleaned up.

Third Stage of Labor. As soon as the child is born the hand should be laid upon the abdomen and if the uterus is felt as a hard mass it should be left alone, but if it is soft and flabby it should be kneaded until contractions are set up. After ten or fifteen minutes if the fundus rises up and is still hard this indicates that the placenta has separated from the uterine wall and has been expelled into the lower uterine segment or upper portion of the vagina and we should grasp the uterus and make downward pressure in the axis of the superior strait until it appears at the vulva when we should grasp it and the membranes with our hand and slowly extract them. This is the modi-

fied Crede method and the one used by all the best maternity hospitals in this country at present. The strict Crede method should not be used only where we have waited a half hour and the fundus has failed to rise. After the delivery of the placenta we should never under any normal condition put our hand again into the vagina. The woman should then be cleaned up and remember again when cleaning the vagina and anus always make the movement of your hand downward. A sterile package of cotton or gauze should be supplied to your patient and instructions as to handling and placing of same should be given. I always carry these in my case with a rubber menstrual pad made in the shape of a "T" bandage and give them to every patient whether it be a charity case or otherwise.

As to the Use of Ergot and Anesthesia. Of course, I do not wish to insult the intelligence of my audience by referring to the use of ergot before complete emptying of the uterus, as no man who attempts to practice obstetrics in a modern way would be guilty of such a thing, but what I do wish to mention very emphatically is the very often useless use of this drug after the completion of the third stage of labor. Some authorities and some few maternity hospitals still recommend the administration of a fluid drachm of fld. ext. Ergotae immediately after the expulsion of the placenta, but this is usually unnecessary as the drug is only indicated in those cases where the uterus remains flabby and soft. Even where we have to use it Ergotol administered hypodermically is the remedy always to be preferred. In regard to the use of Chloroform. There are many arguments for and against its use but I always use it and don't know that I have ever seen any bad results from its use when it was judiciously used. The use of it should be delayed as long as possible in the second stage of labor and never used in the first stage unless something very unusual happens. There is a tablet on the market called the H. M. C. tablet which contains Hyoscine, Morphine and Cactine which can be used cautiously to good advantage. Several years ago I was unfortunate enough to lose a patient with an anesthetic to whom one of these tablets had been administered and of course it was natural at the time for me to attribute the death to this agent and for a long time I was very much afraid of this combination, but I am now satisfied I was wrong and use this tablet very often in my obstetrical work with good results and no tendency to hemorrhage, etc., as I have seen claimed by some men. The woman should be kept in bed for at least ten days and the bowels, breasts and bladder should be carefully watched. I make two visits a day for the first three days and then one each day for the next five. It is better to keep your patient on a light diet for at least ten days. The temperature, of course, should be carefully watched and anything above normal should be regarded with suspicion. If the perineum is torn it should be repaired between the time of the birth of the child and the expulsion of the placenta. We should by all means give the woman a thorough examination before finally dismissing the case and if there are any cervical tears they should be called to the attention of the patient or family, and this is a very important thing that we very often neglect. We may be severely censured at the next labor of our patient if we should not happen to be the attendant and it may make an invalid of the woman for life. And, finally, gentlemen, we should strive to educate the public in regard to labor and stop looking on these kind of cases as being very commonplace

and easy to handle.

*Read before the Abbeville County Medical Society, September 2nd, 1912.

REPORT OF A CASE OF UTERINE FIBROID COMPLICATED BY PREGNANCY.*

By Jno. B. Britt, M.D., Princeton, S. C.

I have in my recollection a case of uterine fibroid which was accompanied by pregnancy, and I had the opportunity of watching from the beginning of pregnancy until it reached term.

The lady was 22 years of age, primipera and had a history of some little irregularity in her menses for several years previous to her marrying, which she attributed to have had its origin when she was about 15 years of age while going from school. She was crossing a swollen stream on a foot log. The log broke, she fell into the water and it happened to be while her menses were on. She had considerable pain low down in her left side which continued off and on until after she was married, and when she conceived the old trouble began to take on new life and I noticed that there was a progressive enlargement in the left side of the center which seemed to grow faster than a pregnant womb. Although the lady seemed to be elated over the growth, thinking that it was the product of conception making such rapid advancement, I told her that there was something else going on. The growth continued to get larger and harder and caused more and more pain until I advised surgical interference which she finally submitted to at the end of the fourth month. I placed her in the hospital and we made the incision in the median line and discovered that the uterus and the left appendages were all adhered to the peritoneum and down around the posterior portion of the abdominal cavity. We decided that the whole mass was too vascular to proceed with the operation, so we proceeded to close up the wound and the operation resulted in an exploratory operation.

She made a complete recovery so far as the operation was concerned and went on to term without any trouble except that she suffered greatly, almost constantly. Now when term was reached I was expecting to see some very grave complications but I was agreeably disappointed.

She began labor about six o'clock P. M., and at nine o'clock, which was three hours, she showed signs of convulsions, which did result in eclampsia and while she was in the first convulsion I succeeded in complete delivery of the child which was a nice sized boy. She had two more light convulsions during the next 10 hours. In the meantime the tumor in the left side was still as prominent. She seemed to get along nicely until about the seventh day there was a temperature of 103, which seemed to be very obstinate and did not get any less. I used bichloride washes up into the uterus and I could notice no change in the temperature, so after about five days of that condition she succumbed. The baby was taken charge of and made a nice little boy. My object for reporting this case was to show that, in the first place, the woman stood the exploratory operation without miscarrying, and, second, that it is not impossible for a foetus to develop, along with a uterine fibroid.

*Read before the South Carolina Medical Association, Columbia, S. C., April 17, 1912.

Discussion.

Dr. Chas. M. Rees, Charleston, S. C.:

Mr. President: Just a word in discussing Dr. Britt's paper. The case he reported is one well worth reporting and belongs to an interesting class. At the same time, this case is only one of a large number of cases. Many fibroids

do not interfere at all with the development of pregnancy.

Fibroid tumors developing in pregnancy some times grow to an enormous size, making delivery through the pelvic canal impossible. We had one notable case in which the fibroid entirely filled the brim of the pelvis and pushed the uterus off to one side—this made an abdominal section a necessity. We see women repeatedly delivered with a fibroid in the walls of the uterus. I delivered a young woman the other day with her second child who had a fibroid about the size of a small orange, which was discovered in her first labor. It had apparently not increased in size and did not interfere with the delivery in the slightest.

The doctor's case was, unfortunately, infected at the time of delivery. Probably the fibroid had nothing to do with the unfortunate result which she had.

We see them repeatedly and it seems as though they would grow during pregnancy, but they often do not. A fibroid will stand still during the months of pregnancy, and yet, we would suppose with this additional blood supply, they would grow rapidly, but they do not. Pregnancy cases seem to inhibit their growth, in some cases.

Dr. Britt closes.

I do not think that I noticed that the tumor took on much more growth after the woman became pregnant. I do not think that she was conscious of the growth being there, particularly, until she got pregnant. She was so glad, I think, that she was going to have an offspring that she had not noticed the tumor before.

PREVENTIVE MEDICINE IN PRIVATE PRACTICE.*

By Fillmore Moore, M.D., Aiken, S. C.

Disease is a process and obeys the same laws that other processes in nature obey. It is according to nature in that it has a beginning, a middle and an end. There is generation, growth or development, decay and extinction. There is also continuity and no real gaps, though we may fail to observe the links and bridges that span and connect the different stages in the process. What are called separate and distinct diseases are really outgrowths and developments, the one of the other. Seed may be sown in one part and germinate, the growth and development may occur in another and it may bear fruit in yet another. The human body is an organism in which the furthest part is very near to every other part. By reason of blood and lymph currents, by nerve connections, and from similarity of structure and function disease in the one part may quickly extend or be transmitted to another. A diseased part may in a moment become a disease of the whole and, per contra, a general trouble may become localised. As no man lives to himself or dies to himself alone, so too no disease is isolated or independent. It has its antecedents and its consequences.

If various so-called diseases are really sequential phases of an evolution process it is clear that they stand in a causal relation to each other. If they have a common origin then a common final or efficient cause. This statement will, of course, strike you as erroneous. And yet the trend of investigation unmistakably points to this conclusion. And rightly summed up we may safely say that all disease is in essence the presence in the organism of a foreign and offending body or substance. A living organism by reason of its nature and constitution seeks and strives to either assimilate or to reject whatever enters into it. If it can assimilate it, then the foreign substance becomes part and parcel of that organism. If it can not it tries to expel it; and if not all, at least a very large portion of the dis-

ease processes are the reactions, the rebellions, against the foe within its gates. First it tries to expel through the emunctories, the channels of exit, by what may be called forced functional activity. Failing in this it soon passes into functional disorders. If these prove ineffective the organism then has recourse to more drastic processes, and the war is on.

We cannot in the time alloted follow this disease process through its varied and sometimes hidden ways and phases, but we have no hesitation in saying that it can be done.

Before we pass on to the specific object of this paper, let me say that the only justifiable position that can be successfully defended in regard to the germ theory of disease is that germs are among the foreign bodies that get into the human organism and that they may be in themselves offensive or may produce offensive bodies through their specific activities within the organism. And in this way they fall under the general statement that disease processes are due to the efforts of the organism to expel foreign bodies that it cannot assimilate. And it is further apparent that the bacteria are not the original offenders, but rather that they can find lodgment and sustenance only where and when there is already an accumulation of foreign bodies. They modify these foreign bodies by living in and on them and so give a new character to the disease manifestations.

A good definition of disease would be this—It is reaction and rebellion against foreign substance or an attempt to destroy or eliminate it—this substance having been introduced into the organism directly or else originated within it through the activity of certain bacteria, which have found lodgment and sustenance in this organism.

When we see and accept this view of disease our attitude toward it changes, and instead of trying to stop the disease processes we may even aid and abet them. We also see that all truly curative measures are really preventive, and prevention is often cure applied to earlier stages in the evolutionary process. True, ideal prevention would be that in which no foreign bodies would enter. That is also preventive which removes the offender before much if any damage is done. The earlier the matter is discovered and removed the better is the prevention and the cure. Let us take as an example the case where a bit of foreign matter gets into an eye. The best thing of all, of course, is to prevent foreign matter from entering the eye. The next best is to remove it as quickly as possible. Prompt removal is both cure and prevention. It cures in that it removes the cause of offense and it prevents in that the trouble would grow worse as long as the body remained in the eye. It is most interesting to observe what happens in case the body remains in the eye. The eyelids make certain movements and contortions in the effort to throw it out, and the tears flow freely to wash it out. Failing in this the process moves on to subsequent stages of inflammation and suppuration. The pain in this instance is both a sign of trouble and incitement to expulsive effort. It (the pain) is rarely if ever an evil or thing to be stopped in the first stages of the disease process. It is an important part of the preventive and curative measures, or the effort to expel the offending matter.

The indication to the wise physician is to aid and abet the expulsive process. When the foreign substance is such that it can't be eliminated by forced physiological process (through the emunctories) it may be split up and changed by certain so-called pathologic processes. It may be burned up by fever, which is forced oxidation. In

such cases the danger to the organism is from excess of temperature and not from the process of destroying and eliminating the foreign substance. Here the indication is for cooling of the body the same as cooling of the engine on a motor car by air or water. We should not try to extinguish the fire (suppress the fever), but keep the body cool—temperature near the normal—and be very sure not to add any fuel to the flames by giving either food or medicine that cannot be assimilated and which may become foreign substance also to be eliminated by the disease processes. The organism tries to eliminate by the easiest and most efficient method. It is therefore the part of wisdom to examine carefully the process and not be hasty in assuming that there is a better way of accomplishing the desired result. Some physicians remind us of the mother who said to the child, "Go out and see what Johnny is doing and tell him to stop it." The task for the organism is not so easy and that is the reason why it is called disease.

With these two concepts held firmly in mind, namely: 1st, that disease in its origin and essential nature is the reaction against foreign substance and the expulsive effort to eliminate it from the organism, and, 2d, that the disease process is evolutionary in that it obeys the laws of genesis, development, subsidence, and extinction—we have a rational basis for procedure both in the practice of prevention and of cure. We see clearly that the removal of the offending matters is the right aim of all medical practice and that the physician's highest privilege is that of cooperating with the organism in its efforts to prevent the entrance of foreign offensive matters and in expelling such as have effected an entrance.

We have said that disease is the result of foreign substances in the organism. How does it get in? Clearly it must enter through the regular entrance channels in the vast majority of instances: that is either the mouth or the nose. In perhaps a few cases the entrance may be by abrasion or traumatic lesion or possibly, as in case of hook-worm, through the skin. The nose is probably only rarely the way of entrance. So we have the mouth as the great port of entry, and food and drink either contain the objectionable matters or else the food and drink themselves are objectionable in that they cannot be assimilated and therefore are foreign offensive bodies, which may at any time also become food for the bacteria that infest the alimentary tract. Let us keep in mind that any substance that enters the body which cannot be (or is not) assimilated is a foreign body and is, or may become at any time, a cause of offense.

In every case the aim of the physician should be the same as that of the organism, namely: to get rid of the offender. In a certain (very limited) number of instances, the offensive substance can be neutralized or rendered innocuous by another substance. In the vast majority it must be eliminated. Indeed it must be eliminated even where it is neutralized. It is merely changed so that it can be thrown out by less strenuous and harmful measures. It is curious that we physicians have such a strong impulse to put in something (and our clients often demand something) where according to unperverted nature, and according to reason the thing indicated is to put *out* that which is already in. Only in rare instances can something be put in that will drive out the offensive matter, and there is always the danger that the introduction of another foreign substance may seriously interfere with the expulsive effort that the organism is making. The indication is clear that all intake

should be suspended till there has been sufficient out-put to relieve the distress. Man does not live by that which he takes alone. Often his life depends on getting relief from that which he has *mis*taken.

It is far more frequently the office of the true physician to withhold in order to prevent further injury than it is to add something to the surcharged organism. To prevent the patient and the patient's friends from doing further harm it is quite a notable service which marks him as an advanced practitioner of the most progressive science of preventive medicine. If he is called early in the evolutionary process all he need do is to put the patient in such a position that he will do himself no further injury—the vital organism will do the rest. His truest word to his client is "Go sin no more," after having shown him wherein he has sinned.

It may be safely asserted that there are no diseases which if taken in the earlier stages, and treated with this thought constantly in mind, but can be cured and the later stages prevented. If we remember that the human organism is in active rebellion against a foe within and it uses the resources within its control and choses the lines of least resistance and above all that it can in the vast majority of instances expel the enemy, if no further invasion is permitted and no additional tax is laid upon it, we will not be apt to intrude. The guiding considerations for the physician are: 1st, To see that no other foreign matter is introduced, not even food unless he is very sure that it will be assimilated and not become foreign and offensive matter. 2d, That the patient be placed in the best attitude and position to successfully eliminate the foreign substance, and 3d, To cooperate in such ways as he can with the so-called disease process which really is a curative measure. When the true nature of the disease process is understood and we see that it is caused by the presence of foreign bodies which have been introduced chiefly by the nose and mouth—especially the mouth —the work of prevention becomes definite and clear.

And let no physician be alarmed now lest prevention should throw him out of a job. For it is a much more difficult task to keep the people from making themselves and their neighbors sick than it is to treat those who are already sick. There is an old saying that when the "devil was sick the devil a monk would be, but when the devil got well, the devil-a-monk was he." As a rule when they are sick enough, they are obedient to the physician, but when they get better they want the privilege of doing as they please. But even those who want to keep well and are willing to be guided in matters of health and prevention are often victimized by their friends and neighbors. There are so many ways in which some can profit by adulterating and corrupting the food, the water and the air suplies that it is, and will remain for some time yet, a matter of eternal vigilance both on the part of the physician and the client to preserve him in health. Society conspires in so many ways against the health of the people that despite the work of our boards of health, our Dr. Wileys and sanitary experts there remains a vast work for the private practitioner in the way of prevention and education.

One word concerning education in matters pertaining to health, sanitation and prevention. So important a matter should not be left to the casual opportunities that physicians have, nor to the ordinary teachers in the schools who have only a smattering of knowledge to impart. It should be done in an orderly and systematic way and by physicians who, beside the usual knowl-

edge common to physicians, should make a very special study of health and prevention. In connection with the movement to establish inspection in the schools there should be agitation for systematic and thorough teaching and training of the school children in the matters of health and prevention. There is a body of well authenticated knowledge of these subjects and it should be made common and effective by sound and thorough teaching in the schools.

The proof that the view herein set forth is the true one has been accumulating through the ages. But man has not been ready to accept it. Again and again he has been brought face to face with facts that ought to have convinced him, but instead he has sought a way to avoid the truth and evade the consequences of his misconduct. This in spite of the fact that he has been assured that he shall know the truth and that the truth shall make him free.

Prevention then is not alone cure in an early stage, but it has its finest field of application and efficiency in determining what we shall eat and drink.

In conclusion let me quote from a classic, now more than four centuries old; I mean Louis Cornaro's essay on the "Orderly and Temperate Life." He demonstrated that by following certain rules he could cure himself of a great malady and could avoid all other diseases, and prolong life far beyond the ordinary span. He says "It is true however that besides these two very important rules which I have already so carefully observed relative to eating and drinking, namely: to take only the quantity which my stomach can easily digest and only the kinds that agree with it, I have also been careful to guard against great heat and cold as well as extreme fatigue or excesses of any nature. I have never allowed my accustomed sleep and rest to be interferred with: I have avoided remaining for any length of time in places poorly ventilated, and have been careful not to expose myself too much to wind or sun. All these things are great disorders. Yet it is not a very difficult matter to avoid them, for beings endowed with reason the desire of life and health possess greater weight than the mere pleasure of doing that which is known to be hurtful.

"I have also preserved myself as far as I have been able from those other disorders from which it is more difficult to be exempt: I mean melancholy, hatred and the other passions of soul, which appear greatly to affect the body. However my efforts in this direction have not been so successful as to preserve me wholly since, on more than one occasion, I have been subject to either one or other of them. Yet even this experience has proved useful to me, for it has convinced me that in reality these disorders have not much power over, nor can they do much harm to the bodies of those whose lives are governed by the two rules I have already mentioned relative to eating and drinking; so I can say with truth that whosoever observes these two principal rules can suffer but little from any disorder."

"Galen, the famous physician, bore testimony to this truth long ago when he asserted that all other disorders caused him but very little harm because he had learned to guard against those of excessive eating and drinking and for this reason he was never indisposed for more than a day."

*Read before the South Carolina Medical Association, Columbia, S. C., April 17, 1912.

Society Reports

ABBEVILLE COUNTY MEDICAL SOCIETY.

Following out the plan adopted by

the Abbeville County Medical Association of meeting in the different towns of the county, the Abbeville County Society met on September 2d in the town of Lowndesville. The Society was entertained by Drs. Wilson and Kirkpatrick. The meeting was held in the office of Dr. Wilson. Dr. Chipley made his report as Chairman of the Committee on Medical Fees. Owing to the absence of a large number of the members of the Society, his report was not acted upon at this meeting but will be submitted to the Society at the next meeting of the Society which is to be held in the city of Abbeville October 4th.

Dr. Jesse Bell, of Due West, read a most excellent and timely paper on Eclampsia. This was one of the best papers presented to the society during the year and was much discussed by the members.

After the meeting adjourned dinner was served at the Lowndesville Inn.

C. C. GAMBRELL, Sec.

CHARLESTON COUNTY MEDICAL SOCIETY.

The Medical Society of South Carolina (Charleston County) held a regular meeting September 16, 1912, the President, Dr. J. C. Mitchell, being in the chair.

Dr. Albert Nathan read an interesting paper entitled "Psychology in Medicine," which was enjoyed by the members. He made a plea for the study of neuroses and showed that many people are not given the attention they deserve because their medical attendant is ignorant of their mental disease.

Dr. Robert Wilson in discussing the paper said that the essayist had opened up vast fields. He touched on the relation between morbid sexuality and crime and demonstrated its importance.

Dr. H. Jackson stated that if the restraint of sexual instincts could do harm then medical men had no right to state that continence is harmless.

Dr. W. P. Porcher cited a recent case of severe photophobia due to hysteria apparently brought on by postponement of marriage.

Dr. C. O'Driscoll objected to the class of literature offered to the medical men, claiming that the books along these lines are unscientific and written by men of no authority.

Dr. Nathan replied and went further into some details previously omitted.

Dr. W. P. Porcher read a paper in which he urged greater familiarity with the upper respiratory tract. He first briefly sketched the anatomy of the nose and throat when he took up the subject of nasal obstruction in races and people. He showed that the general practitioner with very little trouble or special knowledge could easily diagnose most of the common disorders. Finally he urged further education along these lines.

Dr. J. F. Townsend remarked that general ignorance in this field is more the fault of the student than of the professors and State examining boards.

Under Medical News, Dr. T. G. Simons reported having lately seen eight cases of malignant pharnygitis resembling diptheria but not caused by the Klebs Loeffler bacillus.

Dr. J. C. Sosnowski said that recently he had not seen any of these cases but some months ago he had several, one of which was fatal.

Dr. Sparkman reported a case of abscess of the tongue which is very rare.

Dr. Porcher reported a gunshot wound. The ball passed through the bridge of the nose and lodged in the post pharnygeal wall opposite the 5th cervical vertebra. The patient had no bad signs or symptoms and the ball was allowed to remain.

Dr. J. S. Rhame reported a case of dislocation of the 4th cervical vertebra

due to a fall while wrestling. Several days after the accident, but before aid could be rendered, he suddenly died.

The Society then adjourned.

R. M. Pollitzer, M. D.,
Corresponding Secretary.

Pickens County Medical Society.

The regular meeting of Pickens County Medical Society for September, 1912, was called to order Wednesday, the 4th inst., Dr. C. N. Wyatt, President, in the chair. The attendance at this meeting was very large. Only two or three members were absent.

Dr. Tripp reported an interesting clinical case, Incipient Tuberculosis. Dr. Bolt reported a case of puerperal eclampsia of unusual interest. This was discussed at some length. Dr. Tripp led in the discussion. He gave the report of 400 cases recently reported where the treatment was veratrum in the beginning and ether was used as an anesthetic instead of chloroform. Dr. Gilliland read a paper on Pediatrics. Dr. Tripp and Dr. Ponder discussed Dr. Gilliland's paper, the principal feature of which was that the cord in the new born should always be dressed antiseptically. Tetanus some times results from the cord becoming infected.

The Society is closing up a splendid year's work. Dr. C. N. Wyatt's recent paper on "My County Medical Society" has been productive of much good. The paper, in itself, was one of the ablest ever read before the Society.

At the next meeting Dr. Gilliland will continue his paper on Pediatrics and Dr. Valley will read a paper on Typhoid Vaccine.

R. J. Gilliland, Sec.

Spartanburg County Medical Society.

The Spartanburg County Medical Society met in the rooms of the Thompson-McFadden Pellagra Commission and listened to a very interesting talk by Dr. T. E. Garrison which was a tentative report of the work accomplished by the commission in Spartanburg and their mode of carrying on their investigations. Mr. Jennings, one of the entomologists associated with the commission, mentioned the different theories which had been advanced and stated that the theory of the transmission of pellagra by insects is greatly on the increase among scientific men and his belief is that if pellagra is carried by human biting insects the cattle or stable fly comes nearer meeting all the requirements than the buffalo gnat. This was a most interesting and well attended meeting.

After the meeting the members of the Society repaired to the Finch Hotel where, as the guests of Dr. W. J. Chapman, they enjoyed an excellent dinner.

L. Rosa H. Gantt, Sec.

Laurens County Medical Society.—Insurance Fees Again.

The Laurens County Medical Society is still at work; we have missed only one meeting this year up to the September meeting. The last meeting convened at Clinton. Dr. G. A. Neuffer, of Abbeville, Councillor for this District, was present. One interesting case of Hydrocephalus was presented. The subject of malaria and pellagra was discussed. The Councillor congratulated the Society on its work and showing.

I wish to say a word in regard to insurance fees for medical examinations. I have received notice from one of the old line companies that the fee for examination where the applicant applied for $1000.00 would be $3.00 and the examination must be complete, including urinalysis. Only one company I know has taken this position again. Now we

all know this question has been thoroughly settled and a resolution has been adopted, and we expect to stand by the ruling, but owing to the fact that we have many new members entering the profession every year, I think it wise to have a word of information to say to them on the subject, in order that we may all stand a unit on this question.

T. L. W. BAILEY, M. D.,
Reporter.

Public Health Department

PUBLIC HEALTH IS THEME OF LECTURES.

Public health is the central theme of an attractive course of lectures by Drs. J. A. Hayne and J. LaBruce Ward at the University of South Carolina during the present session. A million and a half healthy human animals is the first need of South Carolina. The scope of these lectures is wide and their purpose practical. The body of thought which these two eminent specialists will present to the students and faculty and citizens at the University, concerns the welfare of all the people in a basal way. The lectures will occur at one o'clock on Wednesdays at LeConte college, and the public is cordially invited to attend. The first lecture will be Oct. 2nd.

The progress of sanitation in this State is gratifying, and Drs. Hayne and Ward represent the manifold activities of the State Board of Health in its efforts to render the life of all the people sweet, sound and happy.

SCIENTIFIC ARM OF GOVERNMENT

The modern university is the scientific arm of government. It is a body of public servants, who, as experts, seek to advance the permanent interests of society.

The University of South Carolina is fast becoming a clearing house of first-hand facts touching the life and progress of the commonwealth. This fact is happily illustrated by the present course of lectures on public health, under the department of biology in charge of Prof. C. A. Moore.

I.—DISEASE PREVENTION THE FIRST DUTY OF THE ENLIGHTENED CITIZEN.

a. Principle of Citizenship.

b. How we can help to prevent death.

c. Economic value of man and humanitarian value of man.

d. Health of the nation its greatest asset.

II.—VICTORIES OF PEACE OR THE RESULTS ON SANITARY SCIENCE.

a. Victory over Smallpox.
b. Victory of Diptheria.
c. Victory over Typhoid Fever.
d. Victory over Malaria.
e. Victory over Yellow Fever.
f. Victory over Tuberculosis.
g. Victory over Hydrophobia.
h. Victory over Hookworm disease.

III.—GENERAL EFFECT OF SANITARY PROGRESS.

a. Sanitation from a business standpoint.

b. How sanitary science prolongs life.

c. How sanitary science increases physical and mental efficiency.

d. Relation of to civilization.

IV.—RELATION OF GERMS TO DISEASE.

a. Definition of a germ.

b. Discovery of germs—what we owe to Pasteur and others.

V.—DISEASES DUE TO PARASITES.

VI.—WHAT CONSTITUTES IMMUNITY.

a. Natural and acquired immunity.

b. Duration of immunity.

VII.—TYPHOID FEVER.

1. (a) Where the germ comes from. (b) How long it lives outside the body. (c) Methods of transmission. (d) Means of prevention.

2. (a) How to prevent contact infec-

tion. (b) How to prevent spread of disease by flies. (c) Importance of thoroughly disinfecting excreta and greater importance of sanitary privy.

VIII.—DIPTHERIA.

a. How transmitted.

b. Cause of death and how prevented.

IX.—SCARLET FEVER AND MEASLES.

a. How transmitted.

X.—SMALL POX AND CHICKEN POX.

a. How prevented.

b. How transmitted.

XI.—TUBERCULOSIS—THE GREAT WHITE PLAGUE.

a. How prevented.

b. How contracted.

c. Necessity of open air treatment.

XII.—TETANUS, ERYSIPELAS, HYDROPHOBIA AND BLOOD POISONING.

a. How these diseases are caused and how prevented.

XIII.—MALARIA.

a. History of the disease.

b. Laverans discovery of the cause.

c. How malarial regions have been rendered healthful.

d. What the disease costs the State.

XIV.—HOOKWORM DISEASE.

a. Its discovery.

b. Cause.

c. What it means as an economic factor.

d. Effect on mind and body.

e. Prevention.

XV.—SOIL AND STREAM POLLUTION OF THIS STATE.

XVI.—THE STATE BOARD OF HEALTH.

What it is doing for the people.

—*Greenville News* Sept. 28.

From the Lay Press

In Aid of Roper Hospital.

News and Courier, Sept. 26.

A general meeting of the Woman's Auxiliary of the Roper Hospital will be held this afternoon at the hospital at 5 o'clock.

The Auxiliary was organized in the early summer, after a great many interested ladies had already left the city for summer vacations, and an invitation is, therefore, extended to any who may wish to help in this noble work to be present and join the organization.

The ladies are very proud of the work already accomplished, an account of which will be given this afternoon. But there still remains a great deal to be done, and the work needs the co-operation of as many as will lend their aid. The members of the Auxiliary believe that nothing could appeal to the charitably inclined women of the city more than the comfort of the sick poor and the alleviation of their sufferings. The officers of the Auxiliary ask, therefore, that the women of Charleston, irrespective of class or creed, uphold their hands in this work they have undertaken and become members of the Woman's Auxiliary.

Reach Washington by Auto—Dr. F. A. Coward and H. J. Bassler Complete Motor Trip to the National Capital.

Special to The State.

Washington, Sept. 16.—H. J. Bassler and Dr. F. A. Coward, of Columbia, arrived in Washington early this morning, having covered the entire distance in an automobile. They report an easy and delightful trip, via the National and Capital highways, having made the trip without mechanical or tire trouble. Two-thirds of the trip was made through rain and muddy roads, necessitating low gear work for miles without a change. Mr. Bassler left tonight via rail for Columbia. Dr. Coward, State bacteriologist of South Carolina, will remain in Washington ten days, attending the meeting of the American Public Health Association and the International Congress of Hy-

giene and Demography. He will be joined tomorrow by Dr. W. A. Boyd, health officer of Columbia, and others who come to attend the meetings above mentioned. Dr. Coward advises that persons of hasty disposition walk to Washington from Columbia, and that those of sedate temperament make the journey by airship, tedious though it may seem.

Dr. Coward and Mr. Bassler were photographed in their roadster as they posed in front of the white house.

ARE INSECTS CAUSE OF DREAD PELLAGRA? DR. GARRISON SAYS EXPERTS ARE TENDING TO GIVE THIS THEORY MORE CAREFUL CONSIDERATION.

Spartanburg, Sept. 27.—Addressing the Spartanburg County Medical Society today, Dr. Phillip E. Garrison, past assistant surgeon of the United States navy, and a member of the Thompson-McFadden pellagra commission, said that the belief that insects had something to do with the disease was growing.

Dr. Garrison told the physicians that the commission had been informed of 471 cases of pellagra in this district this summer and had visited and studied the cases of 260.

TO WAR ON HOOKWORM—DISPENSARIES WILL BE ESTABLISHED IN LEXINGTON COUNTY.

Special to The State.

Lexington, Sept. 27.—Dispensaries for the waging of a vigorous fight on the hookworm disease in this county will be established at the following points in the county, according to information received from Dr. L. A. Riser, assistant director of rural sanitation in the State under the Rockefeller commission, beginning at Lexington on Saturday, October 5:

Tuesdays, Irmo, Dr. Mathias' office; Wednesdays, Pelion, Dr. Kneece's office; Thursdays, Batesburg, in rear of Citizens Bank; Steadmans, school house; Saturdays, Lexington, court house.

The dispensaries will be operated for six weeks, and those in charge of the movement hope to be able to arouse the people to the importance of assisting in the fight. Examination and treatment will be made free.

The dispensaries will be in charge of Dr. Ward, of the State Board of Health, and of Dr. L. A. Riser, both of whom have given the study of the hookworm much time and both of whom are considered experts in the treatment of the disease.

MAYOR OF HEATH SPRINGS—DR. W. S. MOORE IS ELECTED WITHOUT OPPOSITION.

Special to The State.

Heath Springs, Sept. 19.—At the municipal election held here Tuesday, Dr. W. S. Moore was elected mayor, without opposition. The election was held to fill the vacancy caused by the resignation of H. F. Clayburn. Dr. Moore was formerly mayor, but did not offer for re-election at the regular election held in January. Mr. Clayburn expects to make his home in Kershaw after October 1, hence his resignation.

TO LET CONTRACT WINTHROP HOSPITAL.

Record, September 20.

The building committee of the board of trustees of Winthrop College composed of D. W. McLaurin, W. J. Roddey and President D. B. Johnson, will let the contract the latter part of this month for the addition to the hospital at the college. The addition will cost about $12,000.

WEDDING IN NORTH CAROLINA.

Record, Sept. 16.

Dr. D. Lesesne Smith, of Spartanburg, and Miss Nellie Hane, a summer

resident of Saluda, were married at the home of the bride last Wednesday afternoon at 5 o'clock. Miss Hane is very well known in South Carolina, where her family have been prominent for generations and is a favorite with all her acquaintances. Dr. Smith removed to Spartanburg, S. C., three years ago. Dr. and Mrs. Smith left on the Carolina Special for Asheville.

Book Review

The Wasserman Reaction—Its Technic and Practical Application in the Diagnosis of Syphilis by John W. Marchildon, B. S., M. D., Assistant Profesor of Bacteriology, St. Louis University Medical School. Eleven illustrations and colored frontispiece. St. Louis: C. V. Mosby Company, 1912. Price $1.50.

This book deserves a place in every doctor's library for it treats of a subject every doctor should at least understand. The author states that it is possible for the physician who has had some training to take this book, get the material and to make the Wasserman reaction. The book is well gotten up. The print, paper and binding are all satisfactory.

* * *

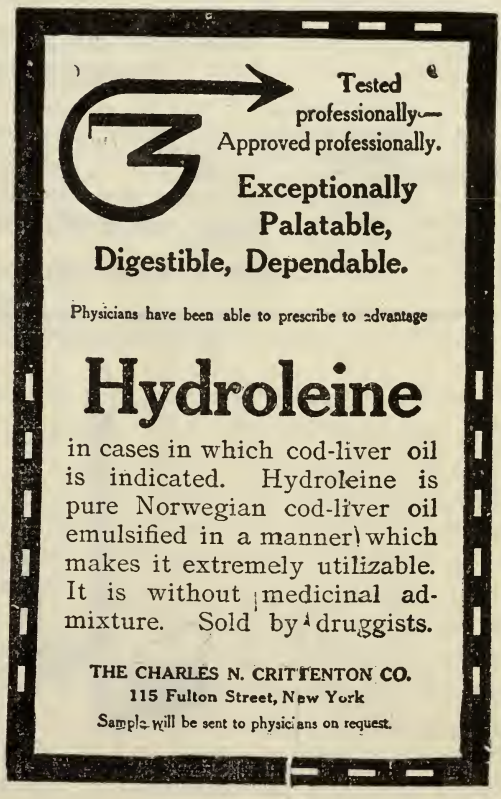
Practical Electro-Therapeutics and X-Ray Therapy, with chapters on Photo-therapy, X-Ray in Eye Surgery, X-Ray in Dentistry, and Medics-Legal Aspect of the X-Ray, by J. M. Martin, M. D., Professor of Elector-Therapeutics and X-Ray Methods in the Medical Department of Baylor University. Containing 219 illustrations. St. Louis: C. V. Mosby Company, 1912.

This is an intensely interesting book, replete with practical suggestions. Such a work carefully perused will be of incalculable value to the physician or surgeon who wishes to resort to the very latest and most approved methods of diagnosis or treatment in many otherwise obscure and difficult cases. The book is quite attractive in appearance. The paper, printing and binding invite the reader to more than a superficial examination.

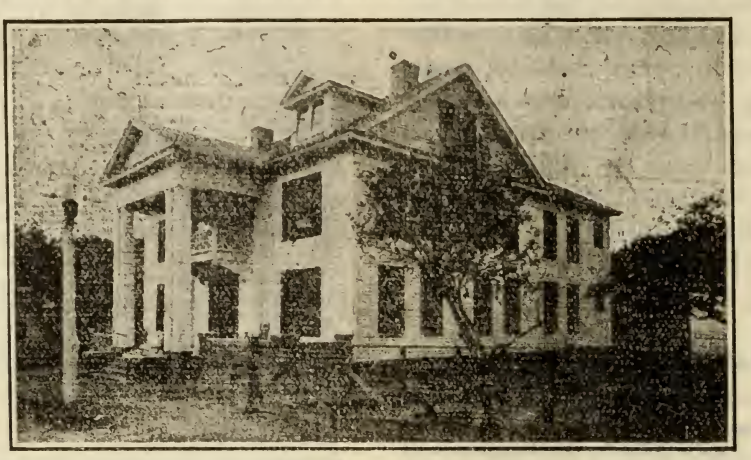
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International Clinics—A quarterly of illustrated Clinical Lectures and especially prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopaedics, Pathology, Dermatology, Opthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. Edited by H. W. Cattell, M. D., Philadelphia, with the following collaborators: J. A. Witherspoon, M. D., William Osler, M. D., Frank Billings, M. D., John G. Clark, M. D., Chas. H. Mayo, M. D., and others in this and foreign lands. Vol. III. J. B. Lippincott Company, Philadelphia. Price $2.00.

This volume no less than its predecessors deserves commendation. It is much more than a hurried write up or rehash. For instance 14 pages are devoted to A Year's Work in Appendicitis by John B. Deaver. The Treatment of Chronic Endocarditis by Williams, of Columbia University, New York, covers 28 pages and nas an exhaustive bibliography. The diagnosis of Pregnancy by the X-Ray is alluded to interestingly. Adult Flat Foot is cleverly written up. Dr. Bevan has a splendid article on Tuberculosis of the Genito-Urinary Organs. There are many other articles of great importance.



Chauffeurs Complete Outfit Sacrificed. Consisting elegant mink fur lined coat, Persian lamb collar, $35; pair of elegant bear robes, $15 each; Raccoon cap, $5; pair of fur gloves, $4; pair of goggles 50c, 1 pair leather leggins, $3.50. Will sell separately or the lot, all new never worn, original price $225. **C. CHASE,**
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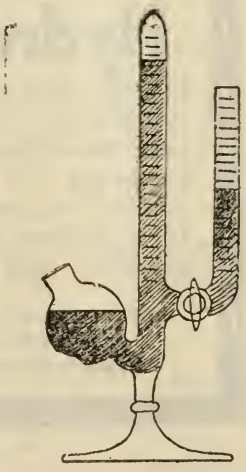
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WATCH THE
UREA INDEX

A SMALL ELIMINATION OF UREA WILL GIVE SYMPTOMS VARYING FROM A SLIGHT HEADACHE TO UREMIC CONVULSIONS.

IN BRIGHTS and other CASES of NEPHRITIS THE UREA ELIMINATION CAN BE RAISED BY THE USE OF

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Journal South Carolina Medical Association

Published Every Month Under the Direction of the Board of Councilors.

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All matters must be in the hands of the Editor by the 30th of each month.

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Vol. VIII. NOVEMBER, 1912 No. 11.

Editorials

The Doctor's Library. The Importance of Keeping It Up-to-date. Our Book Review Department.

We have made special efforts this month to render the Book Review Department more than ordinarily attractive.

It has been the policy of the JOURNAL to review promptly and impartially all publications sent to us. We have encouraged only the publishers of integrity and in general those we have had personal dealings with for many years. We have long been convinced that purchasing books hastily, without the careful reading of reviews or without a personal knowledge of the author's ability, is, to say the least of it, unwise from a business standpoint. It is well to listen patiently and courteously to those who sell medical books. It is worth while to read the reviews in various medical journals. It is invaluable to meet the author personally and see his work. Thus fortified buy the book if you please and rarely will a mistake be made. New books are apt to be much nearer up-to-date now than they were a decade ago. It used to be said with some assurance of truth that most text books were five years behind the times. It certainly is not true now. To keep the library up-to-date necessitates the more frequent purchase of new books and hence greater caution. To obviate the slight lapse of time between revisions, the year books are admirable. They present monthly or quarterly a digest of the world's current medical literature—representing thousands of medical periodicals far beyond the reach of any one individual. Aside from all this a few medical journals are absolutely indispensable. Subscribe for at least one five dollar weekly which gives the best resume of the current literature. A monthly or two will prove helpful

and of course the official organ of the State Association has its own peculiar place. By all means keep these journals bound and thus make them a living, dust free, daily adjunct to daily practice.

Apropos of this subject, Dr. Joseph M. Mathews, ex-President of the American Medical Association, in his book on, "How to succeed in the Practice of Medicine," says:

You will need, above all things, a library: without one you would be as the machinist without tools. It is painful to go into a doctor's house or office and see that his "library" consists of half a dozen antiquated volumes: and it is safe to say they are never read. Nor should it be sufficient for you to own a medical library only. I heard a doctor say once that he knew only medicine, nothing more. What folly! The doctor should be the best posted man in the county. He should never lose sight of the fact that he is a citizen, and being such, he owes it to his town, county and state to be posted on current affairs. You should know something about law, religion and politics. The man who boasts that he does not know anything about the merits or demerits of any political party or candidate is not a good citizen and deserves to be censured rather than applauded. An American should be proud enough of his country to know in what manner its achievements outshine other nations, and it is no compliment to say of him that he doesn't care. If the world ever seems lackadaisical, read works of fiction; commune with Sir Walter Scott, Dickens, or Hume; or with Shakespeare, Byron or Bacon. There will come times when you should commune with lighter spirits, such as Eugene Field or James Whitcomb Riley, for they will sing to you of the old home, of the prattling of children. It will do you good sometimes to read light fiction—laugh with those who laugh—for your daily occupation is to "weep with those that weep." Acquire first one volume, then another—just as your means will permit—and before you know it you will have a very presentable library. Intersperse history with fiction, law with medicine, poetry with geography, fun with tales of woe, and hilarity with melancholy: for at last is this not the way of real life and the song of the world since its foundation? Tears and laughter, joy and sadness, glad fruition, then death. Read, think, digest, for the hours are few and the days short in which to work. Resolve that while life lasts you will be no laggard, but an earnest worker.

The District Association.

In this issue appears the report of the organization of the Eighth District into a promising Society. Also the programs of two other District Meetings. These programs are highly creditable and indicate that the personnel of these organizations is now considered worthy of the attention of the leading men in our State.

There appears to be little excuse for further delay in organizing the one or two districts yet unorganized.

ANNUAL MEETING FOURTH DISTRICT MEDICAL SOCIETY, SPARTANBURG, S. C., NOV. 18, 1912.

11:00 A. M.

PROGRAM.

Subjects and Speakers.

I. "Two Clinical Reports—1. Mastoiditis—2. Bronchoscopy"—*Dr. J. W. Jervey, Greenville, S. C.*

II. "The Medical Knowledge of the Ancient Hindoos"—*Dr. J. H. Taylor, Columbia, S. C.*

III. "Alkaline Treatment of Typhoid.

Fever"—*Dr. Tertsh Lander. Williamston, S. C.*

IV. "Actual Cerebro Spinal Meningitis"—*Dr. J. R. Young, Anderson, S. C.*

V. "Report of an Unusual Case of Frontal Sinusitis"—*Dr. L. H. R. Gantt, Spartanburg, S. C.*

VI. "Pituitrin in Labor"—*Dr. J. J. Lindsay, Spartanburg, S. C.*

VII. "Some Sugestions from Laboratory Findings"—*Dr. T. R. W. Wilson, Greenville, S. C.*

VIII. "Intussusception With Report of Two Cases Operated on With Recovery"—*Dr. R. L. Sanders. Anderson, S. C.*

IX. "Chronic Constipation Considered from a Surgical Standpoint"—*Dr. G. T. Tyler, Greenville, S.C.*

X. "Gonorrhoea in Women"—*Dr. J. Sanders, Anderson, S. C.*

XII. "Duodenal Ulcer"—*Dr. Baxter Haynes, Spartanburg, S. C.*

XIV. "Hysteria and Its Wake"—*Dr. N. T. Clark, Campobello, S. C.*

PROVISIONAL PROGRAM THIRD DISTRICT MEDICAL ASSOCIATION, GREENWOOD, S. C., THURSDAY, NOV. 21, 1912.

G. A. Neuffer, Pres., Abbeville, S. C.
R. E. Hughes, V.-Pres., Laurens, S. C.
G. P. Neel, Secty., Greenwood, S. C.
11:30 A. M.

1. Address—*Chas. M. Rees, M. D., Charleston, S. C.*, President South Carolina Medical Association.
2. Address—*E. A. Hines, M. D., Seneca, S. C.*, Secretary South Carolina Medical Association, and Editor of Journal.
3. "Syphilis"—*E. W. Carpenter, M. D., Greenville, S. C.*
4. "606"—*Clarendon W. Barron, M. D., Columbia, S. C.*
5. "Surgical Aids as Rendered by the Modern Cystoscope"—*A. B. Knowlton, M.D., Columbia, S.C.*
6. "Typhoid Vaccine"—*Clarendon W. Barron, Columbia, S. C.*
7. "The Alkaline Treatment of Typhoid Fever"—*W. T. Lander, M. D., Williamston, S. C.*
8. "Anti-Typhoid Vaccination as a State and Municipal Duty"—*F. A. Coward, M. D., Columbia, S. C.*
9. "Present Status of the Treatment of Goiter"—*LeGrand Guerry, M. D., Columbia, S. C.*
10. "The Modern Treatment of Intestinal Disorders in Infants"—*William Weston, M. D., Columbia, S. C.*
11. "The Evolution of the Doctor"—*R. E. Hughes, M. D., Laurens, S. C.*
12. "Some Factors in the Early Diagnosis of Tuberculosis"—*C. F. Williams, M.D., Columbia, S. C.*
13. "Amoebic Dysentery"—Cases Cited—*T. L. W. Bailey, Clinton, S. C.*
14. "Appendicitis"—*G. P. Neel, M. D., Greenwood, S. C.*
15. "Diseases of Lymphoid Ring"—*W. P. Turner, M. D., Greenwood, S. C.*

Original Articles

THE PRESENT STATUS OF GOITER SURGERY.*

By A. B. Knowlton, M. D., Columbia, S. C.

What a happy combination of factors it is that go to make possible the modern operation for goiter. Without Lister's asepsis to guard the system from microbic invasion, without the

*Read before the South Carolina Medical Association, Columbia, S. C., April 18, 1912.

20th century hemostat to close the portals of exit of that most precious of all fluids, without the reverse Trendelenberg position whereby this fluid is gravitated from the field of operation into the lower extremities, and without the general anaesthetic, without these, how wofully incomplete would be this operation which today is relieving thousands of sufferers from that horrible death which comes to him whose thyroids are secreting an over abundance of thyroidin. It is bad enough to die, at best, but how much worse it must be to look into the glass daily throughout a long period of years and behold each time, as 'twere, the mirror held up to eternity.

There was a time in the dear old long ago, when the goitrous subject was supposed to be hallowed, when he was supposed to be protected by some unseen hand and when, because of these superstitions the paths leading to Goiter surgery were unfrequented. But one by one these ideals, born of ignorance and nurtured by superstition, have fallen before an ever advancing science, till today the word goiter is synonymous with the word achievement, and the skepticism of the past is supplanted by an operation mortality of less than three per cent. Even now patients are not infrequently told that removal of the thyroid is always certainly followed by death. There are several justifiable reasons for this. Prior to 1890 practically every operation that had been done for this condition was done *after*, instead of before, his condition had become practically hopeless. Another reason is that the relation of the parathyroid bodies to goiter was not recognized till 1897—prior to this time, these apparently insignificant bodies were removed along with the goiterous mass, and tetany quickly supervened.

Still another reason for surgical apathy, was the fact that when a goiter was removed, both sides of the thyroid (instead of one) were sacrificed and the patient drifted quickly into a condition of athyroidism and myxoedema in consequence of which, it became necessary to feed the individual upon thyroid extract, practically the balance of his life. Again, a goodly percentage of these operations were followed by death from hemorrhage.

With these deterring factors before us, it was no wonder that the profession drilled itself into the habit of skepticism upon the subject of goiter.

Notwithstanding these facts, the progress in goiter surgery has kept pace with that in other portions of the body. This is especially true when we realize that we have had to do not alone with questions of surgery per se, but with questions of hypo-secretive balance,and hypersecretion of thyroidin or parathyroidin.

If the whole thyroid were removed myxoedema ensued; if the para-thyroids were removed, or too many of them, tetany and death resulted; if too large a portion of thyroid was removed, the patient would have to live upon thyroid gland to make up the thyroid deficiency. It is not surprising therefore that the operation for goiter has had to struggle for a place on the list of established surgical procedures:but this struggle has been made and the net result is that elective operative interference has achieved the undisputed mortality of less than 3 per cent. Kocher placed the mortality of this operation in 1850 at 40 per cent; in 1885 at 15 per cent: in 1910 at less than 3 per cent, while the mortality in his latest group of elective cases was .4 of one per cent.

Thousands of cases have been operated upon and much experimental work was done before such statistics could be offered the medical world, but surgery of the thyroid is at last a most satis-

factory operation, giving immediate relief from suffering and an extremely short period of operative disability.

In selecting cases for operation, we must be guided by two fixed and unvarying rules. First, no case should be operated till after a fair and impartial trial by non-surgical treatment has failed, and second, no case should be operated in which terminal changes in the heart-muscle, liver, spleen and kidneys have occurred to a sufficient extent to make the chances of operative recovery doubtful.

If these two rules are rigidly followed by internist and surgeon alike, relief from goiter disability will soon be elevated to a plane of complete satisfaction to both the profession and the laity.

The internist should remember that when non-surgical measures fail, the hour for elective surgery has *arrived* and that to keep a patient upon medical treatment beyond this point, is to do him a positive injustice. On the other hand, the surgeon should never operate upon any case till non-surgical treatment has been tried and has failed, for it cannot be intelligently disputed in this day that a goodly percentage of these cases are actually curable by the medical expert.

To simplify the selection of cases for operation, I will group all cases under three heads: Cancer, Adenomata and Exophthalmic goiter.

The subject of cancer can be dismissed by saying that when it has progressed sufficiently far to be diagnosed *as such*, it is too late to benefit it by operation.

Adenomatous goiters or cystic adenomata are by far the most frequent type met with. They are the large, symmetrical or irregular goiters without exophthalmos. Their principal symptoms are deformity, tracheal pressure, hoarseness, loss of voice and neuralgia. They rarely produce death except by malignant or degenerative changes in the gland structure itself, and are most favorable cases for operation. In these cases, the largest side of the goiter is removed and perhaps a portion of the smaller side. If too much of the gland is removed, a state of hypothyroidism will result and myxoedema will appear.

The third or exophthalmic group is the group which affords not only the most practical, but also the most scientific interest both to internist and surgeon alike. This group shows not only anomalies of structure, but of secretion, which taken together make one of the most interesting fields for research that has presented itself to our profession at the beginning of the 20th century.

In this condition, the thyroid, for some unknown reason, secretes an increased amount of thyroidin on account of which fact Dr. Mayo suggests that the present name exophthalmic goiter be substituted by the far more correct and scientific term hyperthyroidism. It certainly would seem that such indefinite terms as Parrys disease, Graves disease and Basedows disease should indeed be dropped for terms which convey more definite ideas of the conditions at hand. Kocher suggests the term thyrotoxicosis. In this condition it is not at all necessary that the thyroid gland should be in the least degree enlarged—some of the most pronounced cases of hyperthroidism coexists with an entirely normal size in the gland. Wilson has shown that degenerative changes associated with increased cellular activity occur in the gland which are sufficient to account for the increased secretion of thyroidin.

The fact that the gland is not necessarily enlarged in such conditions has been a stumbling block to correct diagnosis in thousands of instances. Again the fact that repeated attacks of sud-

denly occurring diarrhoea is often a symptom of hyperthyroidism is unfortunately too frequently overlooked.

Given a case with or without enlargement of the thyroid, but showing more or less exophthalmos, tachycardia and general nervousness, we may be sure of hyperthyroidism. Co-incident with exophthalmos may be Graefes symptoms, the lagging behind of the upper lid in looking down, or Stellwags sign, the retraction of the upper lid. The heart beat will be from anything above normal to 190 or 200 per minute. Associated symptoms are excessive perspiration, occasional rise of temperature, digestive disturbances, and as before mentioned, periodic attacks of diarrhoea coming on suddenly. The ensemble is due directly to the stimulating effect of the hyper secretion of the thyroidin and varies directly with this hyper production. The question in fact is one of hypersecretion and positively not retention and development of a tumor.

Referring to treatment, Dr. Chas. Mayo recommends the physiological use of belladonna. The X-Ray seems to exert a modifying effect upon the hypersecretion as I have had occasion to note in my own practice.

Serum therapy probably holds the key to the situation, but up to the present time has not been developed to the point of efficacy. Dr. J. Rodgers, of New York, is making some especially valuable experiments along this line.

In deciding upon operation, there is no question which comes before the surgeon which requires more scientific judgment than that relating to this proceeding. As before intimated, this question is not the removal of a tumor, but the inhibition of the production of the thyroidin. This may be done by the ligation of one or both of the superior thyroid arteries with their accompanying veins, or may be done by removal of a portion of the gland itself. Exceeding caution must be exercised not to remove too much of the gland or the exactly opposite condition will result and hyposecretion will necessitate the feeding of thyroid extract to supply the deficiency.

The plan most generally endorsed at the present day is first the ligation of the superior thyroid artery and vein of one side, followed by a non-surgical interval in which the effect of the operation is carefully noted. If the hypersecretion is not modified or only slightly so, the corresponding arteries and veins of the opposite side are ligated, and this is followed by another non-surgical period of watching. If the symptoms continue markedly, one half of the thyroid is removed.

Thus, by degrees, the hypersecretion is reduced to the individual requirements of each case, and at a minimum risk of inducing hyposecretion. The result is that when the elective hour for operation *is* chosen, goiter operations are now yielding results second to none in statistical or restorative surgery.

Discussion.

Dr. C. B. Earle, Greenville:

I think Dr. Knowlton is to be congratulated, that he has left off reports of numerous cases that have no bearing upon the subject.

Dr. Knowlton has expressed, in a few words, the concensus of opinion of a majority of surgeons. Those cases are quite frequently overlooked, until those terminal changes have taken place, until no hope can be extended to the very pitiful sufferer from this disease, and we see many cases in which iodide of potash is persisted in, and that tends to increase the condition.

I have had a few cases sent me that I was very much puzzled to decide whether surgical interference should be

attempted or not. I do not know where to draw a sharp line in those cases in which we think that the impairment of the heart is permanent, and those in which recovery is possible. I have been very much surprised at the ability of the patient to repair these cardiac and other changes after a removal of a portion of the thyroid gland.

Dr. F. Julian Carroll:

There is one point in Dr. Knowlton's paper that I would like to have explained. He says in a series of 75 cases Dr. Kocher had a mortality of 4-10ths of 1 per cent. I would like to know what part of the patient it was that died.

Dr. Burdell, Camden:

I think this is a very important paper, because, in exopthalmic goiter the doctors and the surgeons can get together. We hear of medical and surgical treatment of gall stones, of appendicitis, and all those things, but this is one of those agents in which the surgeon seems to be able to give the general practitioner a chance at the patient and this is very important, because he indicates the point at which medical treatment ceases. In some experience with exopthalmic goiter, I have found that a good many general practitioners throughout the State, when they decide a patient has goiter, no matter what form it is, they give them thyroid extract. It seems that where you have a hyperthyroidism, you are just hastening the end of the patient to give him thyroid extract, as a rule.

Dr. H. R. Black, Spartanburg.

I do not know just what part of the patient dies. However, if anyone interested in this new field of surgery will take the time to go to Mayo's clinic, at Rochester, Minn., I think he will be richly repaid, and also that his patient will be richly repaid. In this part of the country this is a new field for the surgeon, I think. I know it is with me, but I do not know of any greater relief brought the well selected patients than the operation for goiter; and if you will spend a little time at Mayo's clinic, you will be thoroughly convinced of that fact. It is not only an operable disease—many of those cases—but I do not think that I am going too far in saying that it is curable.

Dr. G. F. Klugh, Cross Hill:

I would like to enter a plea for the exopthalmic goiter patient, and would like to insist that too much medical treatment be not given. If you will look over all the remedies used in exopthalmic goiter, you will find they are directly antagonistic to thyroid. You take digitalis, ergot, belladonna and quinine hydro-bromide and you will find you have two groups, one a nerve sedative and the other a heart stimulant, and I think the thyroid cases should be put on the same footing as appendicitis cases, and that the patient should have early chance for operation. I say this, because I have recently gone through an experience of this kind, where the patient was too far gone after prolonged treatment to be benefitted by operation.

Dr. Harmon, Columbia:

I agree with my friend that spoke last, that oftentimes when we accuse ourselves of having cured a patient with drugs, nature has done the work herself, and I think that we should leave it alone, or else deal with it as a strictly surgical condition.

Dr. S. C. Baker, Sumter:

I agree with the last two gentlemen that practically always hyperthyroidism is a surgical disease. Dr. Mayo makes the statement that 25 per cent of hypertrophied cases will get well (1) without treatment, (2) with treatment, or in spite of treatment. In other words that 25 per cent. of cases are going to get well, any way you handle them, but

75 per cent. are not going to get well.

I think there is one part that the administration of thyroid extract might play in the treatment of hyperthyroidism, and that is as an aid to diagnosis. I cannot see where thyroid extract is indicated in the cure of hyper-thyroid conditions. I have seen cases that seemed to get well after thyroid extract had been administered, but I think it was a post, and not a propter hoc. In many cases we have a tachycardia and certain digestive and nervous symptoms that lead us to believe they are possibly due to an increased secretion of thyroid gland, the absorption of which is producing these symptoms. In such cases if we will give thyroid extract for a short time and carefully watch the symptoms, count the pulse, and note all the other symptoms, and if we see that they are getting worse, we can be pretty well confirmed in our diagnosis that we have a case of hypersecretion to deal with, and that it has been made worse by the administration of thyroid extract. If it is not made worse, we probably have not a case of hyperthyroidism to deal with, and so we can let it go along and be treated as something else.

Dr. Joseph Graham, Durham, N. C.:

I enjoyed Dr. Knowlton's paper very much. It was a very clear expression of the present status of the goiter situation.

I think there are two points, possibly, that it would be wise to add to Dr. Knowlton's paper. One that the responsibility for the outcome of a case of goiter rests with the family physician, and that he must not carry out the treatment too long. The cases are brought, usually, in my section of the country, too late for radical operation. We have more cases brought in too late for radical operation than we do in the early stages. I think that the profession must realize that there must be only a reasonable amount of medical treatment carried out in these cases. It is the duty of the physician to consult the surgeon.

Another point: That the operation for exopthalmic goiter is a very difficult and dangerous operation. That while the results are very universally acknowledged to be highly satisfactory and the statistics of mortality are brought out in his paper, yet these results are being accomplished by men who are making more or less a special study of this operation, and the occasional operator—the surgeon in the small town—must not believe that he can do this work and secure such results. The fortunate thing about exopthalmic goiter is this: The general practitioner or occasional operator will not attempt many cases. After he has had one experience with it he will be ready to turn his cases over to an expert operator. But I do think that that point should be thoroughly impressed.

I thank you.

Dr. Knowlton closes:

Mr. President, the point taken, I think, is very well indeed. I have drilled myself into the habit, in order to assure protection to myself, not to question the statistics of other men. But the possibility of 4-6th of 1 per cent. looks rather impossible, so I am not surprised at the Doctor's question. Still, the statement is made by Dr. Mayo, in his hyperthyroid article, in the series of clinics that have been recently issued in book form by the Mayo school.

As Dr. Burdell suggested, it is really pathetic to observe the cases of marked pathetic to observe how the cases of marked exopthalmic goiter are treated often—you have no idea how many times it is done right in this State here, and I am sure, elsewhere, by the administration of the thyroid extract. Of course that adds to the trouble right along. We should realize the reason we have

trouble in this is because we go from one extreme to the other, and it is a question of balance we want to get. If we have a hyperthyroid secretion everything is over-stimulated, and then, of course, we must certainly, of all things, spare the patient the additional infliction of the thyroid administration.

I was struck with Dr. Graham's remark: The operation is a difficult one. The statistics given were from selected cases. I did not mean to give the 4-6ths of 1 per cent. of general cases, but from selected cases.

THE EFFECTS OF SUGARS AND HIGH PERCENTAGE OF PROTEIDS UPON FERMENTAL DISORDERS IN CHILDREN.*

By William Weston, M. D., Columbia, S. C.

We are all familiar with the frightful mortality rate among infants resulting from the diarrhoeal diseases, and the time is now at hand when we must arm ourselves with the latest and most approved armament in preparation for the battle which, with us, begins in May and lasts until middle autumn. During that time I dare say that the mortality rate among infants in our climate from diarrhoeal diseases is greater than from all other diseases combined. Holt recently stated that the deaths in New York City from these diseases in children under two years of age was greater than from diptheria, measles, whooping cough, scarlet fever and typhoid fever combined at all ages.

I desire, therefore, to call to your attention some comparatively recent investigations that have passed beyond the experimental stage, and have become established and recognized facts.

We learn from the investigations of Czerny, Kellar, Finkelstein and Meyer and other distinguished German pediatrists that bacterial infection is seldom the primary etiological factor in the causation of diarrheal diseases, and that while bacterial infection often takes place, it is secondary. They claim that the primary cause is one or more elements of the food producing a disturbance of metabolism in a functionally weakened intestine, and this functional weakness is increased by fermentation. Finkelstein and Meyer assert that the digestibility of cow's milk and human milk is not due to qualitative differences in the constituents of the milk, but that the difference exists in the whey. They assert that the theory that the fats produce fermentation is false, as they obtained the same results from diluted whole milk in diarrheal cases as they did from diluted skimmed milk and buttermilk. They assert, also, that the Casein, like the other elements composing milk is susceptible to decomposition, is not the offending agent, and that when freshly prepared Casein is added to the food, that an improvement in the stools results. They found that lactose was very susceptible to fermentation. Starting then with the supposition that the Carbohydrates were the active producers of fermentation in the intestines, they devised a food which they called Eiweiss milch or albumin milk. This food they prepare as follows: Heat one quart of milk to a temperature of 100 degrees Fahrenheit, add either four teaspoonfuls of essence of pepsin, or two junket tablets dissolved in a little cold water, then stir; let the mixture stand at 100 degrees Fahrenheit until the curd has formed; put the mass in doubled cheese cloth and strain off whey; then remove the curd from the cloth and press it through a fine sieve five or six times by means of a large spoon, or wooden mal-

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let. During this process, add one pint of water, add one pint of buttermilk to this mixture. This food has the following advantages: low in milk sugar and salts, an increase of the Casein, and the presence of living lactic acid bacilli.

One of the chief objections to this milk is that some infants find it unpalatable, but this objection has been met by Heiman of New York, who advises the addition of one grain of saccharine to a quart of the milk mixture. He says that he has observed no deleterious effects from this addition.

Finkelstein and Meyer found that while the watery, green acid stools rapidly gave way to formed soap stools the infant continued to lose in weight, they, therefore, advise that as soon as the diarrhoea ceases, malt sugar, which does not easily ferment, be added in increasing quantities. This may be accomplished by the use of dextri-maltose or Loeflund's Malt Soup, either of which can be procured here. They advise the use of this food in a great variety of conditions accompanied by diarrhoea, such as intoxication, decomposition, dyspepsia and various other infections in all infants except the newborn.

The directions advised by them in these conditions are as follows: A preliminary catharsis, followed or not by an initial period of starvation and tea diet, as the case may be, small amounts of Casein milk; larger amounts of Casein milk; the addition of some carbohydrate other than milk sugar or cane sugar, preferably some dextrinized preparation of malt sugar. They found that babies could be kept on this food for months and continue to thrive.

I observed an extensive use of this food in the Babies' Hospital in New York, as well as in the children's ward in Bellevue Hospital, and from the testimony given by many, and from my own rather limited experience with it, I can but bear testimony to its great value in helping to reduce a disgracefully high mortality rate, and at the same time cheer us with reasonable assurance and consciousness of victory, where before our efforts were so often devoid of hope and in vain.

TYPHOID PERFORATION, OPERATION, RECOVERY.

By Dr. E. H. Sparkman, Jr., Charleston, S. C.

The patient is a young man, 29 years of age, of large frame and good muscular development, being about 5 ft. 10 in. in height, and weighing, normally, 180 lbs. He is a cotton weigher and thus leads an active out-door life.

Family History.—Both parents living and in good health. Three sisters and one brother alive and well. One brother died in 1911 of acquired pulmonary tuberculosis. Had previously been strong and healthy.

Personal History.—Has been troubled, to a slight extent, with indigestion. Suffers from chronic constipation, having to resort, almost constantly, to the use of laxatives.

History of Illness.—About the first of July he began to have fever, with slight headache and malaise. He consulted his physician, Dr. A. J. Jervey, who examined his blood for the Widal reaction. It was negative. The fever was slight, ranging about 99.5, and he continued at his work. On the 9th of July Dr. Jervey left the city to attend the encampment of the 3rd Regiment. Next day the patient consulted me, saying that his fever persisted. His temperature was 99.8, pulse 90, tongue slightly furred, bowels costive. I took a specimen of blood, and this time the reaction was positive, though not marked, and the patient was made to go to bed, much against his inclination. A few rose-spots appeared—probably

half a dozen. The spleen was not palpable, nor was any enlargement detected by percussion. From time to time he complained of slight abdominal pain. There was no tympanites. His appetite was poor.

The temperature rose very slowly. Dr. Jervey returned on the 16th and I turned the case over to him. The fever had not gone above 100.6. A second Widal gave, also, only a slight reaction. On the 7th of August the temperature reached normal, never having gone above 101. On the 13th he was allowed up, and, a few days later, allowed to go out. His general condition was good, with but little loss of weight or strength.

August 24th the fever returned and I was called in again, Dr. Jervey being away. No rose-spots appeared, the spleen was not enlarged. The blood was not examined. The patient now went through a repetition of the initial attack, except that the temperature ranged higher, reaching 102.5 on August 30th. No tympanites.

September 1st, about 12:30 P. M., the patient was seized with a sudden, severe sharp pain in the right side of the abdomen. The pain soon radiated over the whole abdomen and down into the penis. This was followed by nausea and he vomited several times. I saw him three hours later and found his condition as follows: The face was drawn, of a pale grayish hue, and with an anxious expression (Facies Hippocratica), the extremities cold and clammy. Temperature 103.8, pulse 160, small and thready. Abdomen slightly retracted, diaphragm fixed, and breathing entirely thoracic. There was tenderness and some muscular resistance over the whole abdomen. Over the right iliac fossa the tenderness was marked, with severe pain on pressure and rigidity of the right rectus muscle.

Perforation suggested itself at once, and, because of the gravity of the condition, I requested a consultation. The consultant advised waiting. At 6 P. M. the condition was unchanged. I then told the patient that I thought an operation imperative. At his request I called in Dr. Robert Wilson, Jr., who saw him at 7:45 P. M. The symptoms were the same, except that the liver dullness was now obliterated. This sign, in a retracted abdomen, is pathognomonic, and it was decided to operate. The patient was removed to the Riverside Infirmary, and, at 9:30 P. M., placed upon the operating table.

Operation.—The whole abdomen was cleansed by the usual methods, and the skin painted with tincture of iodine. A straight incision was made at the outer border of the right rectus muscle, beginning at the level of the umbilicus and extending downwards for 3 1-2 inches. On opening the abdomen several loops of small gut presented in the wound. The gut was red, with a sand-papered appearance, covered with small flakes of exudate, and the vessels engorged. About two feet from the caecum a drop of fluid was seen oozing from the bowel, and, on wiping this away, a small, circular perforation about 2 mm. in diameter was revealed. This was in the center of an indurated ulcer, about 1.5 cm. in diameter, situated opposite the mesenteric attachment. The whole ulcer was folded in and the bowel sutured over it with a double row of Lembert sutures. No other perforation could be found, but within a few inches of the ruptured ulcer was a pea-sized bluish-black spot, slightly indurated—evidently another ulcer. At this point the anesthetist reported the patient in very bad condition. The abdomen was sponged gently with dry gauze, a drain of gauze in a split rubber tube inserted, and the wound closed with through-and-through sutures of heavy iodine

catgut, reinforced by tension sutures of silk-worm gut. The abdominal muscles, even under anaesthesia, were very tense. The patient was returned to his room at 10:20 P. M., pulse 186 and almost imperceptible. Atropine and camphor were given hypodermically, the foot of the bed elevated, and slow proctoclysis given with 45 drops of adrenalin. At 10:30 P. M. the patient was fully conscious and complained of pain around the wound. Morphine gr. 1-4 was given.

11:30 P. M., pulse 145 and improved in quality.

12:00 P. M., pulse 138 and stronger. The nurse was instructed to place the bed level when the pulse reached 120, and, after two hours, if it remained good, to place the patient in the Fowler position. This was done at 2:30 A. M. The patient vomited once during the night.

Sept. 2nd. Patient fairly comfortable, except for extreme thirst. Pulse running from 120 to 130. Water in small quantities and whiskey on crushed ice sparteine gr. 1-2 q. 4. h.

Sept. 3rd. Considerable distress from tympanites; pulse 150. Calomel grs. 2 given in broken doses, followed by citrate of magnesia. At 7 P. M. no result from the calomel. A high ox-gall enema resulted in a large soft stool with a large quantity of flatus. From this time on the abdomen remained soft, the gas being relieved by enemata and the rectal tube.

The wound drained freely, and the dressings were changed frequently. On the 7th day a rubber tube was substituted for the guaze drain, and the wound irrigated twice daily with a solution of iodine. On October 5th the wound was healed. The patient left the hospital on October 15th.

The temperature followed a typical typhoid curve, rising to 104.2 on Sept. 15th., after which it gradually declined.

A slight cystitis was controlled with urotropin and bladder irrigation. Blood appeared in the urine for a few days, but disappeared without special treatment. The patient passed enormous quantities of urine, which were out of all proportion to the amount of fluid ingested. The greatest amount was 265 oz. (more than 2 gallons) passed on the 7th day. The amount varied from 100 to 200 oz. until the 22nd day, and then gradually diminished.

Urinalysis.—Sp. Gr. 1.005, reaction neutral, a trace of albumin, no casts.

Perforation is the most common as well as the most fatal complication of typhoid fever, occurring in from 2.5 per cent to 3 per cent of the total cases, though its incidence varies in different series of cases. It has been estimated that 30 per cent of the mortality is due to this cause alone; and the actual number of deaths from perforation in the United States annually is given by different observers at from 5000 to 25000. The mortality in the cases operated upon varies from 65 per cent. to 75 per cent. or even higher, and the greater the delay in operating the higher the mortality.

Perforation is about four times as frequent in males as in females, is most frequent in the third week of the disease, and is very unusual in the course of a relapse.

The first operation for this condition was performed in Germany. Leyden had strongly advocated operative interference, but was not himself a surgeon, and it was Mikulicz who, on April 7th, 1884, operated on the first case. The operation was a success. In the United States, Van Hook, of Chicago, in 1891, recorded the first successful case. Since that time American surgeons have made brilliant contributions to the study of this condition, notably Abbe, of New York, Finney and Cushing, of Baltimore, Fitz, of Boston, Keen, of

Philadelphia, Hugh Taylor, of Richmond, and others.

All surgeons who have encountered this condition, emphasize the urgency of early operation. A positive diagnosis is often a matter of considerable difficulty; for perforation may simulate or be simulated by other conditions, such as appendicitis or typhoid ulcers in the appendix, as has been reported by Murphy, of Chicago. The diagnosis will be impossible where the patient is delirious or comatose. Woolsey insists that we should not wait for an absolute diagnosis. Pain, tenderness in a fixed spot, and muscular rigidity warrant an exploratory incision. Blake says that shock is no contraindication to operation—that the shock due to peritoneal irritation is relieved by anaesthesia, while that due to infection is best treated by removing the cause.

There is no doubt that our mistakes are more instructive than our successes. And, following the teaching of Hippocrates, we should record our cases truthfully, concealing nothing, that others, perchance, may profit by our experience. My mistake in this case, I believe, was in not urging immediate operation when I first saw the patient after the onset of the pain. Happily, the outcome of the case was good. But I have no doubt that, in many cases, a delay of nine hours would preclude all chance of recovery.

The skillful handling of the anaesthetic by Dr. H. S. Mustard helped, in large measure, to make the operation a success; but the fight for life did not end with the operation. And to Dr. Robert Wilson, Jr., and Dr. A. J. Jervey my thanks are due for their advice and assistance in the case.

A NEW METHOD OF OPERATION FOR TYPHOID PERFORATION.*

By L. B. Owens, M. D., Columbia, S. C.

About one-third of all deaths from Typhoid Fever are due to perforation of the intestines. The mortality from the operation of typhoid perforation is over 70 per cent. and the mortality in those cases not operated upon for perforation is about 100 per cent. Therefore, operation is their only salvation. But if we cannot save but 30 out of each hundred by operating, there is still great room for improvement.

I do not think the present mode of operation advocated by all authorities is rational. We seem to overlook the fact that the pathology of typhoid perforation and that of a gunshot wound is very different. In typhoid fever there is a catarrhal condition throughout the large and small bowels, specific changes occur in the lymphoid elements, especially at the lower end of the ilium. The tissues in this region are very much congested, the blood vessels become choked, there is a condition of anaemic necrosis. The necrosis is due in great part to the direct action of the bacilli; also in great part to occlusion of the veins and capillaries by fibrinous thrombi. The mucosa, especially in the last foot of the ilium is often destroyed.

We have none of these pathological changes in perforation of the intestines from gunshot wounds.

I do not think that *any* typhoid perforation should be closed, it matters not how small it may be. If the tissues are in such a condition that they become perforated, their vitality is entirely too low to allow any handling or manipulating, for such a procedure would necessarily increase the danger of hemorrhage and *especially* secondary perforation.

Frequently the perforation or perforations are very hard to find, requiring the handling of the intestines which

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produces shock, spreads infection, and prolongs the operation.

If it is proper to close a typhoid perforation, why is it that we do not close a perforation of the intestines due to a slough caused by an appendicular abscess at the time of the operation? Do you not think that it is inconsistent to close one and not the other? Especially when the tissues in the typhoid condition are more pathological.

A free incision should be made in the right iliac region, and if the peritoneal cavity is filled with fluid and fecal matter, one should be made in the median line and one in the left side. Gauze pads should be placed in the peritoneal cavity during operation to absorb poisonous matter. The peritoneal cavity should not be irrigated except in elective cases. Intestines should not be handled or pulled out. Place drainage tubes down where pus is liable to gravitate. I prefer rubber tubes with wicks where pus is present.

Pack idioform gauze loosely about lower end of the ilium in such a way as not to cause an obstruction. Leave incisions wide open packed with gauze, using compresses to keep back intestines. There will probably be a fecal fistula which should discharge through wound in right side. In most cases Fowler's position is indicated.

By the above operative procedure we will find in almost every case that the temperature will drop and the pulse improve, due no doubt to the elimination of millions of the typhoid bacilli and typhoid toxins.

Normal salt solution should be given in all extreme cases, either intravenously, or by hypodermoclysis, which not only stimulates the heart, but also dilutes the toxins, as well as assists in their elimination.

We must remember that we not only have Typhoid Bacilli, but also have Colon Bacilli. Streptococci, etc., which would necessitate mixed serum therapy.

In these cases, as in all other surgical cases, too much importance cannot be attached to the after treatment.

I have operated on two cases of typhoid perforation by this method, both being very unfavorable cases, due to the fact that neither would submit to an operation until the third day after perforation. One died two and one half days after the operation. He had general peritonitis and was thoroughly septic before being opened, and died in all probability from peritonitis, etc. The other case became perforated ten days after taking fever and was operated on three days after the perforation. His pulse was 160 just before going to operating room. He has entirely recovered and returned to his work as a carpenter. Widal reaction was positive.

A certain per cent of these cases will be followed by hernia, a condition which can be easily cured by a second operation, which is practically free from danger.

The position that I take is radically opposite to that held by all others that I know of and it may be that you will all disagree with me, but nevertheless I believe in this method.

Discussion.

Dr. J. H. Taylor, Columbia:

The Doctor is to be congratulated upon the result obtained in the above reported case. However, I wish to take exception to one statement that he made; although he has qualified that statement somewhat by saying that untreated surgically the mortality in cases of typhoid perforations "is about 100 per cent." Undoubtedly perforations take place much more frequently than we suspect, nature walling off the infection promptly and preventing any other than a small local patch of peritonitis.

I recently had a case of this type which I feel certain in saying was one of pin-point perforation. So keenly did I feel the possible necessity for surgical interference that I had three other men see the case with me, all of whom agreed that there was a perforation but advised against immediate operation, as nature seemed to be taking care of the perforation so effectually. About ten days later the patient died from the overwhelming typhoid toxaemia.

Society Reports

Anderson County Medical Society.

The last regular meeting of the Anderson County Medical Society was held in the Chamber of Commerce rooms on Wednesday, September 4th, 1912. Those present at this meeting were: Drs. J. P. Duckett, R. L. Divver, J. C. Harris, W. H. Nardin, J. B. Townsend, J. R. Young, H. A. and Olga V. Pruitt.

In the absence of the President, Dr. C. F. Ross, Dr. Divver presided over the meeting.

After the reading and adoption of the minutes of the June and August meetings the following names were presented for membership and these were referred to the Board of Censors: Dr. W. C. Hearin, of Belton, and Drs. H. H. Acker and C. S. Breedin, of Anderson.

The scientific program was then entered into.

A most interesting paper was that of Dr. J. R. Young entitled, "Cerebo-Spinal Meningitis with Report of Several Cases." Dr. J. C. Harris reported some interesting cases that he had in his practice recently. Dr. Divver gave an excellent talk on the Medical Profession.

Another paper was to have been read, but owing to the lateness of the hour this was dispensed with and after the above members had been generally discussed by those present the society was adjourned.

Olga V. Pruitt, Sec.

Lexington County Medical Society.

The Lexington County Medical Association met in the town hall at Leesville, October 8th. Nineteen were present, including two local dentists.

Dr. D. M. Crosson exhibited an interesting case of Spina Bifida which was freely discussed. He also exhibited an interesting case of Necrosis of the Superior Maxillary which was discussed by the dentists as well as others present. Dr. Crosson also exhibited a case of Pellagra which seems to have been cured.

Dr. Jno. C. Nicholson exhibited a Neurasthenic. A married man about fifty years old, who has such long and continued convulsions that he is styled by some as "The Shaker."

Dr. W. P. Timmerman exhibited a child about four years old who had Adenoids and enlarged Tonsils. When the least excited she would have an attack and seem as if she would almost cease breathing. The consensus of opinion of those present was that if the Adenoids and Tonsils were removed the attacks would cease. The Adenoids and Tonsils have been removed but the attacks continue. We hope to make another report of this later.

The following is a list of physicians who read papers before the Society: Dr. S. B. Fishburne, subject,"Venereal Diseases;" Dr. L. A. Griffith, subject, "The Relation Pellagra Bears to Surgery;" Dr. L. Guerry, subject, "Cholelithiasis."

After the reading of these papers, at the invitation of Drs. D. M. Crosson and Jno. C. Nicholson, the Association

and its guests repaired to the Kinard Hotel, where they were tendered an elegant dinner which was prepared by Mrs. Kinard. To say the least would be that we were most hospitably entertained.

After dinner talks were made by Dr. A. D. Morgan, subject, "The Country Doctor;" Dr. S. B. Fishburne, subject, "The City Doctor;" Dr. L. A. Griffith, subject, "The Surgeon;" Dr. Guerry, subject, "The Relation of the Specialist to the Generalist;" Dr. D. M. Crosson, subject, "Our Host;" Dr. Connor, subject, "Theology;" Dr. Etheredge, subject, "The Relation that Should Exist Between the Dentists and the Doctors."

Resolutions were passed endorsing the work of the hookworm commission of this county and pledging the co-operation of this Association.

After disposing of routine matters the following officers were elected for next year:

R. H. Timmerman, of Batesburg, President; Jno. C. Nicholson, of Leesville, Vice-President; J. J. Wingard, of Lexington, Secretary and Treasurer. Dr. Wingard has held this position continuously since the reorganization of this Society about nine yeare ago. Our rule is to change other officers each year

The next meeting of the Association will be held at Batesburg.

W. P. TIMMERMAN, Reporter.

SPARTANBURG COUNTY MEDICAL SOCIETY.

The Spartanburg County Medical Society met for its regular monthly meeting with thirteen members present. Dr. A. D. Cudd presiding.

Dr. J. N. Allen read a paper on "Shall We Quarantine Against Smallpox." This paper was very widely discussed, the general opinion being that it was unwise for State, county or city to go to the expense of maintaining quarantine to protect citizens from smallpox when they will not protect themselves by vaccination.

Plans for entertaining the Fourth District Society at its meeting in Spartanburg on November 18th were discussed and a committee appointed to make all necessary arrangements.

L. ROSA H. GANTT, Sec.

EIGHTH DISTRICT ASSOCIATION.

Journal South Carolina Medical Association, Seneca, S. C.

Dear Editor:—

We are a little late in making a report but it is none the less a pleasure to us to be able to say to you that on July 10 last, in response to an invitation from the physicians of Saluda county, to the physicians of the Eighth District, to meet with them at Ridge Springs for the purpose of organizing a District Association. The Eighth District is composed of the counties of Aiken, Edgefield, Lexington and Saluda.

Our first meeting was attended by a representative from each county in the district, and an organization was readily perfected. The officers elected were as follows: President, D. B. Frontis; Vice-President, S. G. Mobley; Sec.-Treas., Robt. A. Marsh. Drs. Townes, Nicholson, Crosson and Waters constituted the Executive Committee. At this meeting much interest and enthusiasm was manifested and we predict for the Association two lively meetings each year. January and July will be the months in which we will meet. We had three good papers at this meeting and practically every one present discussed them. The organization was launched with a membership of 20 as charter members. Since this meeting in response to an appeal made to each eligible man in the district, others have expressed a willingness to join with us

and endeavor to make a success of the Association.

The Association passed a resolution favoring the Owen bill as it now stands and instructed the Secretary to write each of our U. S. Senators and urge them to do what they could to effect its passage. I beg to enclose copies of replies from each of them, the publication of which may prove instructive to some:

UNITED STATES SENATE.

Washington, D. C., July 17, 1912.

Dr. Robert A. Marsh,

Edgefield, S. C.

My Dear Sir:—

I have yours of July 16th. I have not examined the Owens Bill, but when it comes before the Senate and I hear the discussion on it, I will make up my mind and remember what you say about the "Eighth District Medical Association's" opinion.

I am not very much inclined to have the Federal Government meddle with our local affairs, and recall that the Constitution expressly reserves the Police Power to the State, and the health and morals of the people have always been considered as especially coming under that clause in the Constitution. I have received many petitions both for and against the bill, and will approach the subject with an open mind.

Very respectfully yours,

B. R. TILLMAN.

The State Health Officer met with us and delivered an address on the suppression of typhoid fever in the rural districts and smaller towns. Dr. Hayne's address was delivered to the public and it was an instructive and enjoyable paper.

We will meet at Batesburg in January '13 and would be glad to have you meet with us and read a paper to us if you will. For this meeting we already have the promise of some good papers. The following gentlemen will appear on the program: Drs. Ballenger, Crosson, Townes, A. R. Nicholson and M. H. Wyman. None have as yet announced their subjects.

Very truly yours,

ROBT. A. MARSH, Sec.

P. S.—For some reason I have misplaced Sen. Smith's reply but just in a few words he said that he favored the bill and would do what he could for us.

R. A. M., Sec.

CONFERENCE OF STATE SECRETARIES.

One of the most important meetings since the organization of the American Medical Association at St. Paul, in 1901, was the Conference of the Secretaries of State Societies, called by the Committee on Uniform Regulation of Membership at the Association headquarters, Chicago, October 23 and 24. This committee was appointed in 1908, in accordance with a recommendation made in the Secretary's report for that year. At the Atlantic City session, last June, the committee summarized its reports for the last four years, and recommended that a conference of state secretaries be authorized to consider the entire question of membership conditions in the county, state and national organizations. This recommendation was referred to the Board of Trustees and a conference between the committee and the state secretaries was authorized by the Board of Trustees, to be held at the same time as the October meeting of the board. Appropriations were made for paying the expenses of all state secretaries who attended the meeting. The conference was called to order at 10:30 a. m., Wednesday, October 23, at the Association building in Chicago, by Dr. Thomas McDavitt, secretary of the Minnesota State Medical Association and chairman of the Committee on Uniform Regulation of Membership.

THE ATTENDANCE.

Thirty-eight states were represented, the roll showing the following in attendance,

Dr. W. W. Watkins, Phoenix, Ariz.
Dr. C. P. Meriwether, Little Rock, Ark.
Dr. Phillips Mills Jones, San Francisco, Cal.
Dr. G. W. K. Forrest, Wilmington, Del.
Dr. W. C. Lyle, Augusta, Ga.
Dr. E. E. Maxey, Boise, Ida.
Dr. E. W. Weis, Ottawa, Ill.
Dr. Charles N. Combs, Terre Haute, Ind.
Dr. J. W. Osborn, Des Moines, Iowa.
Dr. L. R. DeBuys, New Orleans, La.
Dr. W. B. Moulton, Portland, Me.
Dr. W. S. Gardner, Baltimore, Md.
Dr. H. D. Arnold, Boston, Mass.
Dr. Wilfrid Haughey, Battle Creek, Mich.

Dr. Thomas McDavitt, St. Paul, Minn.
Dr. E. F. Howard, Vicksburg, Miss.
Dr. E. J. Goodwin, St. Louis, Mo.
Dr. H. D. Kistler, Butte, Mont.
Dr. Joseph M. Aikin, Omaha, Neb.
Dr. Martin A. Robison, Reno, Nev.
Dr. D. E. Sullivan, Concord, N. H.
Dr. Thomas N. Gray, East Orange, N. J.
Dr. R. E. McBride, Las Cruces, N. Mex.
Dr. John Ferrell, Raleigh, N. C.
Dr. H. J. Rowe, Casselton, N. Dak.
Dr. J. H. J. Upham, Columbus, Ohio.
Dr. Claude A. Thompson, Muskogee Okla.
Dr. M. B. Marcellus, Portland, Ore.
Dr. C. L. Stephens, Athens, Pa.
Dr. J. Perkins, Providence, R. I.
Dr. Edgar A. Hines, Seneca, S. C.
Dr. Perry Bromberg, Nashville, Tenn.
Dr. H. Taylor, Fort Worth, Texas.
Dr. W. B. Ewing, Salt Lake City, Utah.
Dr. C. H. Beecher, Burlington, Vt.
Dr. Grant Calhoun, Seattle, Wash.
Dr. Charles S. Sheldon, Madison, Wis.
Dr. W. H. Roberts, Sheridan, Wyo.

No representatives were sent from Alabama, Colorado, Connecticut, District of Columbia, Florida, Kansas, Kentucky, New York South Dakota, Virginia and West Virginia. No effort was made to secure the attendance of the secretaries of the Hawaiian Territorial Medical Sociey, Medical Association of the Isthmian Canal Zone or the Philippine Islands Medical Society, as these secretaries were too far removed from the place of meeting to make it possible for them to attend.

THE PROGRAM.

The following program was carried out:

1. Call to order, Dr. Thomas McDavitt.
2. History and Development of Membership in the American Medical Association and its Component Parts, Dr. F. R. Green.
3. Some of the Difficulties of the Present Situation, Dr. A. R. Craig.
4. Remedies Proposed by the Committee Dr. Thomas McDavitt.

DISCUSSION.

A general discussion of membership regulation was conducted under the following heads:

1. Fiscal Year. Should the fiscal year coincide with the calendar year? Should the fiscal year be the same in all county and state societies?
2. Should membership expire automatically at the end of the calendar year, and a new roster for each county and state society be made with the beginning of each year?
3. When should membership reports from county secretaries to state secretaries be due?
4. Should the dues of new members joining after the first of the year, be prorated for the remainder of the year?
5. Should an admission fee be required in addition to the annual dues?
6. Should uniform application blanks, receipt blanks, and membership and transfer cards be adopted?
7. Should constituent state associations hold charters from the American Medical Association?
8. Should a uniform plan for the transfer of members be adopted?

In addition to the above Dr. George H. Simmons, editor and general manager, discussed the question of membership in the American Medical Association, and the changes in name proposed by the Board of Trustees.

REPORT OF THE COMMITTEE ON RECOMMENDATIONS.

After two days' discussion it was evident that the secretaries present were agreed as to the advisability of a uniform fiscal year for all parts of the organization, to coincide with the calendar year, and that they favored the expiration of membership at the end of each year and a complete revision of the membership rolls at the beginning of each year. The committee on recommendations, consisting of Dr. E. J. Goodwin, Missouri State Medical Association; Dr. Wilfrid Haughey, Michigan State Medical Society; Dr. Perry Bromberg, Tennessee State Medical Association; Dr. William S. Gardner, Medical and Chirurgical Faculty of Maryland, and Dr. F. R Green, secretary of the committee and of the Council on Health and Public Instruction, brought in a report recommending the adoption of provisions on these two points, and that all other points be deferred for further consideration. The report of the committee follows:

The Committee on Recommendations herewith submits the following report:

1. We recommend that this conference endorse the plan of having the fiscal year coincide with the calendar year in all parts of the organization. We further recommend that secretaries of all state associations which have not already adopted this provision bring this matter to the attention of their associations and recommend its adoption.
2. We recommend that constituent state associations adopt provisions making dues in component societies payable on January 1 of each year, and requiring county secretaries to report to state secretaries all members in good standing, together with their per capita assessment for the current year not later than March 31. State societies desiring to do so may provide a shorter period.
3. The recommendations regarding the third question under discussion is covered by our recommendation of the second.
4. Regarding the prorating of dues, we recommend that this be made optional with each component society.
5. Regarding an admission fee for membership we recommend that this be made optional with component societies.
6. While the committee recognizes, as a general principle, that a uniform system of blanks for county and state societies is desirable, as soon as practicable, we recommend further consideration of this ques-

tion at a later conference.

7. We recommend that the House of Delegates of the American Medical Association be asked to consider the advisability of issuing charters to constituent state associations.

8. We recognize the desirability and advantage of a uniform method of transfer, but this system canont be established until there has been developed a greater uniformity in other details of organization. We therefore recommend that this question be made the subject of discussion at a future conference.

9. The committee recognizes the value of this conference to the state association secretaries, and to the purpose of organization; it therefore recommends that future conferences of this character be held.

The report of the committee was unanimously adopted by a rising vote. It was also moved and carried that the secretary be requested to send copies of the report to each state secretary and to each state journal, and that the proceedings of the conference, as published in the Bulletin, be furnished to each state secretary desiring them, in sufficient quantities to send one to each member of the state association. After a vote of thanks to the Board of Trustees for making this conference possible by the appropriation, the conference adjourned.

BOOK REVIEW

Department of Commerce and Labor, Bureau of the Census, E. Dana Durand, Director. Mortality Statistics, 1909. Tenth annual report with revised rates for the Intercensal Years 1901 to 1909, based upon the census of 1910. Washington: Government Printing Office, 1912.

Doctors are necessarily concerned with Mortality Statistics. This is an exhaustive report which every doctor should have. More study of such reports and familiarity with the difficulties under which the government labors to secure them would surely lead eventually to more earnest efforts for better registration laws. We presume this book may be obtained through the members of Congress.

* * *

A Practical Text-Book of the Diseases of Women, by Arthur H. N. Lewers, M. D., Lond. F. R. C. P. Lond. Senior Obstetric Physician to the London Hospital; Examiner in Midwifery and Diseases of Women at the Conjoint Board of the Royal College of Physicians of London and of the Royal College of Surgeons of England; Late examiner in Obstetric Medicine at the University of London; University Scholar and Gold Medalist in Obstetric Medicine, London. Seventh edition, with 258 illustrations, thirteen colored plates, five plates in black and white and a large number of illustrative cases. Paul B. Hoeber, 69 East 59th Street, New York: 1912. Price $4.00 net.

This is the seventh edition of an exceedingly practical book. The author has had twenty-seven years experience as a member of the staff of the London Hospital where the opportunities of acquiring clinical experience are exceptionally large. There is a directness and simplicity about the work that is very commendable. There are a large number of good illustrations, many of them quite different from those seen in American books. One is struck by an entire absence of even mention of the branched steel dilators, so many patterns of which we have in this country. Only the tent and Hegars dilators are mentioned and illustrated. There are a large number of interesting cases of various kinds recorded and this idea is by no means to be despised as a method of teaching. There is a charm about the better clas of English medical books rarely found elsewhere. This one is no exception to the rule.

* * *

Health and Longevity Through Rational Diet—Practical Hints in regard to Food and the Usefulness or Harmful Effects of the Various Articles of Diet, by Dr. Arnold Lorand, Carlsbad. "Tell me what thou food is, and I will tell thee what thou art."—Brillat-Savarin. Philadelphia: F. A.

Davis Company, Publishers, 1912. Price $2.50 net.

We have always found books on these subjects about the least interesting of almost any phase of medicine. This one is decidely different. Dr. Lorand is a gifted writer. We read his "Old Age Deferred," issued some time ago, from cover to cover with much satisfaction. The book now before us is highly attractive from every standpoint. It is beautifully bound. The paper is most excellent. The print even is inviting.

There is no reason why any educated man or woman should not find this one of the most helpful books on the market. It is not ultra scientific, filled with formulae and results of chemical analysis. Not only the physician but his patients can read this book with great profit and also pleasure.

* * *

The Physicians Formulary—"Things a Doctor Ought to Make and How to Make Them." Physicians Drug News Co., Publishers, Newark, N. J., U. S. A.

There is a place for just such a book as this in the library of many thousands of doctors in this country. There are one hundred and forty pages of invaluable instruction to the dispensing physician. We note that the current literature has been drawn upon freely for formulae and suggestions. Remember we have here a book that directs specifically how to manufacture and use many hundreds of formulae. There is also a clear description of the apparatus necessary.

* * *

A Treatise on Pellagra for the General Practitioner, by Edward Jenner Wood, S. B., M. D., Chairman of the Pellagra Commission, North Carolina Board of Health; Member of the American Society of Tropical Medicine; Fellow of the London Society of Tropical Medicine and Hygiene; Formerly President of the Medical Society of North Carolina, etc., with thirty-eight illustrations in text. New York and London: D. Appleton & Company, 1912.

This is the third book we have had the pleasure of reviewing in recent months devoted to the subject of Pellagra. They are all written by Southern men.

Dr. Wood has done his work well and it should find its way speedily into every doctor's library. We quote the following from the preface: The only justification for this book is the fact that when it was begun there was not a single treatise on the subject in the English language except the short articles in Allbutt's System and the Encyclopedia Brittannica. The beginning of this book was the translation of Tuczek's "Anatom. und pathologisch. Studien ueber die Pellagra." As this was not a complete discourse on the subject it was necessary to read other works in German, French and Italian. In the five years that have elapsed the number of these translations has grown and to the knowledge gleaned from these European masters has been added an experience with a large number of cases of the disease. During this period there has been much written on the subject in this country and the study of the disease has been greatly advanced by the establishment of the National Pellagra Conference which meets annually.

It is one of the most interesting chapters in American medical history—this appearance of pellagra. It has been given to few to see the appearance of an entirely unknown disease on virgin soil and to watch the evolution of that disease through all the stages of adaptation to a new field. It has been a study of great sociological as well as medical importance.

The medical profession owes a debt of gratitude to George H. Searcy, of Alabama, for his splendid work in the first recognition of an outbreak of this disease in the home of the Indian corn. There is also a debt that cannot soon be discharged to J. W. Babcock, of South Carolina for his indomitable perseverance in bringing to the attention of the medical profession and the national government the outbreak of the greatest scourge which has yet afflicted the American people; and to him is also due the great credit for the founding of the National Pellagra Conference which is destined to be one of the most important medical and public health organizations in the country.

* * *

Essentials of Laboratory Diagnosis—Designed for Students and Practitioners by Francis Ashley Faught, M. D., Director of the Laboratory of the Department of Clinical Medicine and Assistant to the Professor of Clinical Medicine, Medico-Chirurgical College, etc., etc., Philadelphia, Pa., containing eleven full page plates (three in colors) and thirty-nine text engravings. Fourth revised edition. Philadelphia: F. A. Davis Company, Publishers, 1912. Price $2.00 net.

Such a book as this is very necessary for the practicing physician if he intends to keep at hand a ready and up-to-date reference work and guide. Even if he doesn't equip a laboratory the information condensed here will be very useful. The time will probably never come when it will be wise to turn over all of his laboratory work to others. Every physician should have the best microscope available and keep in touch at least with its use as well as with many other methods designed to aid in diagnosis. We heartily endorse this book.

* * *

Compendium of Diseases of the Skin—Based on an Analysis of Thirty Thousand Consecutive Cases with a Therapeutic Formulary, by L. Duncan Bulkley, A. M., M. D., Physician to the New York Skin and Cancer Hospital; Consulting Physician to the New York Hospital; Consulting Dermatologist to the Randall's Island Hospital, to the Hospital for Ruptured and Crippled, and to the Manhattan Eye and Ear Hospital, etc. Fifth revised edition of the Manual of Diseases of the Skin. Paul B. Hoeber, 69 East 59th Street, New York, 1912. Price $2.00 net.

It is fourteen years since the author last published his famous "Manual of the Diseases of the Skin." In that time considerable progress has been made in the science of Dermatology, necessitating practically a re-writing of the original text, besides many additions. The book is essentially a practical one intended for the use and guidance of the general practitioner. Diagnosis and treatment are therefore specially emphasized, and neither time or space is wasted on the rare skin diseases which are of interest only to the specialist.

An up-to-date therapeutic formulary of reliable prescriptions is added, and will in itself be found worth more than the price of the book. Worthy of especial comment in this connection is the author's "common sense" introduction to the chapter on "Therapeutics of the Diseases of the Skin." There is little doubt that the successful treatment of skin diseases materially adds to the reputation of the physician. There is a large field here for resourcefulness. The "routinist" will surely fall far short of success as he deserves to do. Such a book as here presented will go far towards keeping afresh the highly important underlying principles involved in the proper understanding and management of this type of disease,

The various formulae are most excellent.

* * *

Landmarks and Surface Markings of the Body, by L. Bathe Rawling, M. D., B. C. (Cant.), F. R. C. S. (Eng.) Surgeon with charge of Out-Patients. Demonstrator of Practical and Operative Surgery, late Senior Demonstrator of Anatomy at St. Bartholomews Hospital; late Assistant Surgeon to the German Hospital, Dalston; late Hunterian Professor, Royal College of Surgeons, England, etc. with thirty-one illustrations. Fifth edition. Paul B. Hoeber, 69 East 59th Street, New York, 1912. Price $2.00 net.

This is an English book which has made a name for itself in a very short period. The fourth edition was disposed of within a year and now a fifth is necessary.

The general appearance of the book is excellent. The illustrations so important of course in such a book are very good indeed.

The doctor would probably often take up this book and refresh his memory when he might not be inclined to seek a larger work. He would not be disappointed we believe.

* * *

Genitourinary Diseases and Syphilis, by Henry H. Morton, M. D., Clinical Professor of Genitourinary Diseases in the Long Island College Hospital; Genitourinary Surgeon to the Long Island and Kings County Hospitals and the Polhemus Memorial Clinic; Consulting Genitourinary Surgeon to the Kings Park State Hospital and the Beth Israel Hospital of Newark; member of the American Association of Genitourinary Surgeons; member of the American Urological Association; Fellow of the New York Academy of Medicine, etc. Illustrated with 275 half-tones and photo-engravings and 18 full page insert plates, 11 of which are in colors. Third edition, revised and enlarged. Philadelphia: F. A. Davis Company, Publishers, 1912. Price $5.00 net.

This branch of medicine is advancing so rapidly that it is imperative that the practitioner purchase a new book every two or three years at least. We believe this one to be abreast of the progress now going on and well worth the price. The section on Syphilis it strikes us is particularly good.

* * *

Muscle Spasm and Degeneration in Intrathoracic Inflammation—Their Importance as Diagnostic Aids and Their Influence in Producing and Altering the Well Established Physical Signs, also a Consideration of Their Part in the Causation of Changes in the Bony Thorax, and *Light Touch Palpation*—The Possibility and Practicability of Delimiting Normal Organs and Diagnosticating Diseased Conditions Within the Chest and Abdomen by Very Light Touch, by Francis Marions Pottenger, A. M., M. D., LL.D., Medical Director of the Pottenger Sanatorium for Diseases of the Lungs and Throat, Monrovia, California. Sixteen illustrations. St. Louis: C. V. Mosby Company, 1912. Price $2.00.

Dr. Pottenger certainly gives us something to think about in his writings on the subject. He claims that changes in the muscles over diseased areas lead to errors in diagnosis by the established methods and to obviate these errors the author makes some unique suggestions. It is well for the astute diagnostician to be ever on the alert for further discoveries which may possibly overturn some of the established theories as to diagnostic methods. The book is splendidly gotten up and should be read by every one.

The Sexual Disabilities of Man and Their Treatment, by Arthur Cooper, Consulting Surgeon to the Westminster General Dispensary; formerly House Surgeon to the Male Lock Hospital, London. Second edition, revised and enlarged. Paul B. Hoeber 69 East 59th Street, New York. 1911. Price $2.00 net.

This is another English book that is worth while to read. There have been an increasing number of these books in recent years all over the world and they are improving all the time. This subject is now deemed worthy of the best scientific research, as it should have been considered centuries ago.

* * *

Diseases of the Stomach, Intestines and Pancreas, by Robert Coleman Kemp, M. D., Professor of Gastro-intestinal Diseases in the New York School of Clinical Medicine; late Gastro-enterologist to the New York Red Cross Hospital; Gastrologist to the West Side German Dispensary; Consulting Physician, Gastro-intestinal Diseases, to the Manhattan State Hospital; Member American Medical Association, Academy of Medicine, etc., with 388 illustrations, some in colors. Second edition, revised and enlarged. Philadelphia and London: W. B. Saunders Company, 1912. Price, cloth $6.50 net; half Morocco, $8.00 net.

The first edition of this book in 1910 was received very favorably by the profession repeated reprints being required in a very short time thereafter.

This volume has been extensively revised and is altogether a better book. We would call special attention to the chapters on Duodenal Ulcer and Diseases of the Pancreas.

The illustrations are numerous and good. Including the well arranged index there are 1021 pages, hence one can readily see the work is quite comprehensive.

* * *

The Soul and Sex in Education, Morals, Religion and Adolescence—Scientific Psychology for Parents and Teachers with a Chapter on Love, Marriage, Celibacy and Divorce, by Jirah D. Buck, M. D. Cincinnati: Stewart & Kidd Co., 1912.

The fine spun theories promulgated on these and allied subjects recently have scarcely deserved to live and probably will not and yet there is a sane and sensible basis upon which to build something of permanent value.

Dr. Buck has added something we believe of interest to these subjects. We see no use for a resort to such expressions as, "sit up and take notice," "get down to business," found on page 108. There is very little excuse for such combinations of Americanisms in ordinary conversation and none at all in our judgment in a scientific or semi scientific book.

* * *

Gould & Pyle's *Cyclopedia of Practical Medicine and Surgery*, with particular reference to Diagnosis and Treatment. Second edition, revised and enlarged. By R. J. E. Scott, M. A., B. C. L., M. D., New York. With six hundred and fifty-three illustrations. P. Blakiston's Sons & Co., Philadelphia, 1912. Price $12.00.

We confess that we have entertained some skepticism as to the real value of such books as this, believing the scope to be covered prohibitive. Here is a work however that measures up to the only test from which an opinion should be rendered, the test of daily practice. We have looked up every case, every day over a considerable period and found many helpful suggestions.

The list of contributors includes a very large number of the most eminent men in the world. To mention a few, Osler, von Pirquet, Thayer, Rotch,

Jacobi, Keen, Ochsner, Musser, Gibney, Anders, Edgar, Bryant, Hirst, Trudeau, Matas, Siler, Tyson, Wood and Wiley.

The plan of this Cyclopedia is to provide the general medical reader with a source of information on every medical subject except his own specialty. It is intended that the busy practitioner will find this volume to be a ready helper in every emergency that may confront him and a trustworthy guide in his daily practice. When the statement is made that the book was intended as a working guide for the busy doctor an examination of the subject matter bears out the truth of the assertion. Thus a fault is avoided, not uncommon of trying to catch the attention and purse of the student, general practitioner and specialist.

We heartily recommend the book to the class of physicians for whom it has been placed on the market.

* * *

A Text Book Upon the Pathogenic Bacteria and Protozoa—For Students of Medicine and Physicians, by Joseph McFarland, M. D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College of Philadelphia; Professor of Pathology in the Women's Medical College of Pennsylvania; Pathologist to the Philadelpia General Hospital and to the Medico-Chirurgical Hospital, Philadelphia; Director of the Laboratories of the Henry Phipps Institute; Fellow of the College of Physicians of Philadelphia, etc., with 293 illustrations, a number of them in colors. Seventh edition, thoroughly revised. Philadelphia and London: W. B. Saunders Company, 1912. Price, cloth $3.50 net.

The author well says he offers a work which he hopes will meet all modern requirements:

"By describing all the Pathogenic micro-organisms of importance in human medicine, whether they be bacteria or protozoa;

By teaching the laboratory technic with reference to the needs of medical students and practitioners;

By bringing each micro-organism under consideration into a historic, geographic, biologic, and pathologic setting;

By dwelling upon the anatomic and physiologic disturbances referable to the various micro-organisms;

By describing the lesions occasioned by the different micro-organisms; and

By explaining such methods of diagnosis and treatment as grow out of the knowledge of microbiology in general and of the micro-organisms in particular."

The general plan of this work appears to us to be very commendable. The condensation of the subjects and confining the same to the sphere of human medicine would seem to be desirable at this time. There are less than one thousand pages, so any student or practitioner need have no fear of being unable to profit by its pages and the name of the writer should be sufficient guarantee of its worth.

* * *

The Surgical Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. October, 1912. Published Bi-Monthly by W. B. Saunders Company, Philadelphia and London. Price $8.00.

Vol. 1, Number 5, before us of this highly interesting series of authoritative reports of a great surgical clinic is no less instructive than the preceding numbers. The remarks on anesthesia in 16,000 patients alone are worth the price of the whole series. The entire list of subjects in this volume follows:

Remarks on Anaesthesia Made at Clinic; Nephrolithiasis; Cholecystitis; Gastroduodenal Ulcer—Gastro-enter-

ostomy; Appendiceal Abscesses; Colonic Adhesions Simulating Recurring Appendicitis; Exophthalmic Goiter; Traumatic Lesion of Brain; Trifacial Neuralgia; Tumor of Spinal Cord; Chronic Mastitis; Recurrent Ovarian Cystsarcoma; Retroversion of Uterus; Rectocele and Perineal Laceration; Ununited Fracture, Shaft of Right Humerus; Osteitis Fibrosa Cystica of Right Humerus; Ankylosis of Left Elbow; Ankylosis of Right Hip-joint.

* * *

Diseases of Children—A practical Treatise for the use of Students and Practitioners of Medicine, by Benjamin Knox Rachford, Professor of Diseases of Children, Ohio-Miami Medical College, Department of Medicine of the University of Cincinnati; Pediatrician to the Cincinnati Hospital, Good Samaritan Hospital and Jewish Hospital; ex-President of the American Pediatric Society and member of the Association of American Physicians. New York and London: D. Appleton & Company, 1912.

Rachford has given a clear resume of Pediatric literature and practice as we have it today. The author had in mind the student and general practitioner evidently. The teachings on the subject as now obtains in an important medical center of the "Middle West" adds to the value of the book.

The author's views on Infant Feeding are liberal and he gives numerous methods. We heartily commend this feature of the work as we believe this is the only safe standpoint. We think it is best to place in the library as many books as possible on a given subject from the pens of recognized leaders in different sections of the country, especially on different phases of Internal Medicine.

* * *

A Text-Book of Obstetrics—By Cooke Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania; Gynecologist to the Howard, the Orthopaedic, and the Philadelphia Hospitals, etc. Seventh edition, revised and enlarged, with 895 illustrations, 53 of them in colors. Philadelphia and London: W. B. Saunders Company, 1912. Price, cloth $5.00 net; half Morocco, $6.50 net.

The seventh revision of this book includes many changes and additions. The thoughtful reader who has the opportunity of comparing previous editions with this one must conclude that the Science and Art of Obstetrics is by no means non-progressive. The union of the Diseases of Women with Obstetrics is rational we think. The illustrations are very good indeed. The mine of information on all the subjects treated of is quite satisfactory. Hirst has certainly given to the profession a splendid book.

* * *

A Text-Book on the Practice of Gynecology for Practitioners and Students, by William Easterly Ashton, M. D., LL.D., Fellow of the American Gynecological Society; Professor of Gynecology in the Medico-Chirugical College, and Gynecologist of the Medico-Chirurgical Hospital, Philadelphia; formerly Lecturer on Gynecology in the Jefferson Medical College, Philadelphia; one of the Founders of the Congress International De Gynecologie Et D'Obstetrique; member of the American Medical Association, etc, with ten hundred and fifty new line drawings illustrating the Text, by John V. Alteneder. Fifth edition, thoroughly revised. Philadelphia and London: W. B. Saunders Company, 1912. Price, cloth $6.50 net; half Morocco, $8.00 net.

This work comes nearer telling the reader what to do, how to do it and what to do it with than almost any book

we ever saw. The treatment of Diseases of Women it apears to us is considered from every conceivable standpoint. There is evidently no disposition to condense the subject matter if its usefulness as a working guide would suffer thereby. Dr. Ashton has been so explicit as to leave the impression that every bit of information it is possible to impart by a book for the practical use of the physician or surgeon has been so recorded. The specialist, the general practitioner and the student will find here much more than is usually included in such works.

* * *

Therapeutics Materia Medica and Pharmacy, including the Special Therapeutics of Diseases and Symptoms, the Physiological and Therapeutical Actions of Drugs, the Modern Materia Medica, Official and Practical Pharmacy, Minute Directions for Prescription writing, also the Antidotal and Antagonistic Treatment of Poisoning, by Sam'l O. L. Potter, A. M., M. D., M. R. C. P. Lond. Formerly Professor of the Principles and Practice of Medicine in the Cooper Medical College of San Francisco; Author of the "Quiz-Compenda of Anatomy and Materia Medica," "An Index of Comparative Therapeutics," several articles in Foster's "Practical Therapeutics," and "Speech and Its Defects"; late Major and Surgeon of Volunteers, U. S. Army. Twelfth edition, revised and enlarged. Philadelphia: P. Blakiston's Sons & Co., 1012 Walnut St., 1912. Price $5.00.

Potter has we believe struck the keynote in his writing on Therapeutics, Materia Medica, and Pharmacy, viz: Simplicity, careful reference to acknowledged authority and practicability.

The hole subject as here presented should prove very interesting reading to any physician, and this is much more than can be said of many works on similar lines. The physician should by all means keep such a book within easy reach and certainly it should be up-to-date. If so the deadline of "Therapeutic nihilism" will never be reached and thus a dangerous attitude towards progress avoided.

* * *

What to Do in Cases of Poisoning, by William Murrell, M. D., F. R. C. P. Senior Physician to the Westminster Hospital; Lecturer on Clinical Medicine and Joint Lecturer on the Principles and Practice of Medicine; Late Examiner in the Universities of Edinburgh, Glasgow, and Aberdeen and to the Royal College of Physicians of London. Eleventh edition. Paul B. Hoeber, 69 East 59th. Street, New York, 1912. Price $1.00 net.

This little book is remarkably complete and should be invaluable as a reference in one of the most trying emergencies in which the doctor is called upon to demonstrate his knowledge and skill. We note the treatment of snake bite for instance is outlined, also the deadly Verenal. The first edition came out in 1881 and 1912 marks the eleventh edition.

* * *

The Life of Pasteur, by Rene Vallery-Radot. Translated from the French by Mrs. R. L. Devonshire. Popular edition. New York: Doubleday Page & Company, 1912.

Few will deny that Pasteur was one of the founders of modern medicine and surgery. In this most interesting and entertaining book we find a detailed history of Pasteur's achievements. With the index there are 484 pages.

Every student, every physician, every man or woman who pretends to be interested in the prevention of disease and the march of industrial pro-

gress and civilization should read and re-read this book from cover to cover many times.

It is said that recently by popular vote of the people Pasteur was proclaimed the greatest benefactor France has ever produced.

* * *

Mind Cure and Other Essays, by Philip Zenner, A. M., M. D., author of "Education in Sexual Physiology and Hygiene." Cincinnati: Stewart & Kidd Company, 1912.

This is Dr. Zenner's new book. It deals with vital subjects: mind cure prevention of nervous disease, the alcohol question, social disease, medical inspection of schools, defective and delinquents, eugenics, etc.

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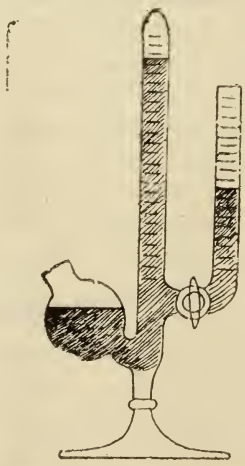
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Journal South Carolina Medical Association

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Editorials

Eye, Ear, Throat and Nose Number.

This number of the JOURNAL has been devoted chiefly to the specialties, the eye, ear, nose and throat.

The subject matter of the various papers is eminently practical and interesting. The general practitioner is called upon to at least diagnose many of the diseases affecting these special organs and the advancing knowledge all along the line gives him an immense field to cover. The text books here, we believe, are not quite so useful as JOURNAL articles for the purpose of quickly keeping abreast of the times. The average physician, whether he wishes to or not, is obliged to treat the diseases of these special organs almost every day, and it is just as important that his work be done in the light of the modern conception of the management of these diseases as is the case with any of the other organs of the body.

The Doctor's Bill. How Often Is It Paid By Good Intentions?

Sixty years ago the physician evidently received his pay sometimes in good intentions, but the butcher and baker did business in a business like manner just as is the case today only much more so now. Dickens in his Bleak House records the following incident:

Mr. Jarndyce had fallen into this company, in the tenderness of his heart and his earnest desire to do all the good in his power; but, that he felt it to be too often an unsatisfactory company, where benevolence took spasmodic forms; where charity was assumed, as a regular uniform, by loud professors and speculators in cheap notoriety, vehement in profession rest-

less and vain in action, servile in the last degree of meanness to the great, adulatory of one another, and intolerable to those who were anxious quietly to help the weak from falling, rather than with a great deal of bluster and self-laudation to raise them up a little way when they were down; he plainly told us. When a testimonial was originated to Mr. Quale by Mr. Gusher (who had already got one, originated by Mr. Quale) and when Mr. Gusher spoke for an hour and a half on the subject to a meeting, including two charity schools of small boys and girls, who were specially reminded of the widow's mite, and requested to come forward with half-pence and be acceptable sacrifices: I think the wind was in the east for three whole weeks.

I mention this because I am coming to Mr. Skimpole again. It seemed to me that his off-hand professions of childishness and carelessness were a great relief to my Guardian, by contrast with such things, and were the more readily believed in: since, to find one perfectly undesigning and candid man, among many opposites, could not fail to give him pleasure. I should be sorry to imply that Mr. Skimpole divined this, and was politic; I really never understood him as well enough to know. What he was to my Guardian, he certainly was to the rest of the world.

He had not been very well; and thus, though he lived in London, we had seen nothing of him until now. He appeared one morning, in his usual agreeable way, and as full of pleasant spirits as ever.

Well, he said, here he was! He had been bilious, but rich men were often bilious, and therefore he had been persuading himself that he was a man of property. So he was, in a certain point of view—in his expansive intentions. He had been enriching his medical attendant in the most lavish manner. He had always doubled, and sometimes quadrupled, his fees. He had said to the doctor, "Now, my dear doctor, it is quite a delusion on your part to suppose that you attend me for nothing. I am over-whelming you with money—in my expansive intentions—if you only knew it!" And really (he said) he meant it to that degree, that he thought it much the same as doing it. If he had had those bits of metal or thin paper to which mankind attached so much importance, to put in the doctor's hand, he would have put them in the doctor's hand. Not having them, he substituted the will for the deed. Very well! If he really meant it—if his will were genuine and real: which it was—it appeared to him that it was the same as coin, and canceled the obligation.

"It may be, partly, because I know nothing of the value of money," said Mr. Skimpole, "but I often feel this. It seems so reasonable! My butcher says to me he wants that little bill. It's a part of the pleasant unconscious poetry of the man's nature, that he always calls it a 'little' bill—to make the payment appear easy to both of us. I reply to the butcher, My good friend, if you know it, you are paid. You haven't had the trouble of coming to ask for the little bill. You are paid. I mean it."

"But, suppose," said my Guardian, laughing, "he had meant the meat in the bill instead of providing it?"

"My dear Jarndyce," he returned, "you surprise me. You take the butcher's position. A butcher I once dealt with occupied that very ground. Says he, 'Sir, why did you eat spring lamb at eighteen-pence a pound?' 'Why did I eat spring lamb at eighteen-pence a pound, my honest friend?' said I, naturally amazed by the question. 'I like spring lamb!' This was so far convincing. 'Well, sir,' says he, 'I wish I

had meant the lamb as you mean the money!' 'My good fellow,' said I, 'pray let us reason like intellectual beings. How could that be? It was impossible. You had got the lamb, and I have not got the money. You couldn't really mean the lamb without sending it in, whereas I can, and do really mean the money without paying it!' He had not a word. There was an end of the subject."

The Year 1912, and the South Carolina Medical Association.

We have undoubtedly made progress in 1912. Today the Association shows a marked increase of actually paid up members. We were striving for an even 700 and have reached 676. There has been a growing interest in good, solid scientific work by our constituent societies. The plan of merging the offices of Treasurer, Secretary and Editor of the JOURNAL has greatly reduced our running expenses. The JOURNAL has not realized all of its hopes from a literary and scientific point of view largely because of energetic efforts to safegnard its financial position. For the present, the latter has been satisfactorily accomplished. We have been gradually clearing our decks so that we will be in the best trim for the best service to the remotest corners of our state. We want to keep our finances in such shape that no worthy communication or paper of merit from any source will meet with refnsal of publication. We are anxious to respond promptly and cheerfully to every legitimate claim upon our services, but it takes considerable money to do this. We therefore have much to be thankful for in 1912 and much to look forward to in 1913!

Original Articles

A PLEA FOR MORE FAMILIARITY WITH THE UPPER RESPIRATORY ORGANS.*

By W. P. Porcher, M. D., Charleston, S. C.

For many years past in lectnring to the recent graduates in the Charleston Summer Medical School it has been my invariable custom to interrogate them as to their anatomical familiarity with the nose and throat and the most common diseases affecting these organs. I have done this in order to avoid attempting to instruct them in regard to matters with which I presumed that they were already familiar. I have asked them to differentiate between acute and chronic rhinitis or between hyperplastic and hypertrophic rhinitis or even to give the most common anatomical landmarks and their relations to each other such as the turbinates, the accessory sinuses, etc. I have been amazed to find that few of them had even seen a turbinate bone and many of them knew no more of the relationship between the nose and throat than if no such organs ever existed. It is a mortifying fact to have to acknowledge that after my own graduation in medicine and many years of general practice that my acquaintance with these organs was precisely similar with these students. I had never heard of a turbinate bone and had only seen the larynx in the live subject on one single occasion, and that occurred accidentally during my hospital conrse, but this was in 1881, or over 30 years ago. In 1887 while on a visit to the North I heard lectures by specialists on the upper

*Read before Medical Society of South Carolina September 15, 1912.

respiratory organs, every word of which was as new to me as though I had never attended a medical course before. I was appalled at my ignorance of a branch involving organs of such vital importance as the nose and larynx and therefore determined at once to devote myself to the mastery of as much knowledge as I could acquire concerning them. I need not say that I have persistently continued this struggle to the present time and I have only learned daily how much more knowledge there was to be acquired.

Bacteriology has more than ever in recent years impressed upon us the fact that all infectious diseases are air borne. It is all the more astonishing therefore that a medical graduate should not be taught with the utmost minuteness all the anatomical landmarks in the nose and throat, as well as the diseases most affecting these organs and their differential diagnoses. I have written this paper chiefly therefore to point out some of these conditions and to call attention to a few of their normal and abnormal characteristics.

In order that we may understand the wonderful functions performed by the nose and mouth in our perpetual struggle to keep the lungs supplied with clean air, and thereby maintain good health, we must get some idea of the marvelous construction of these organs, and of how they work in union or alternately to prevent the ingress of disease germs and to warm, purify and moisten the air. Normal respiration is so automatically performed that one seldom stops to think why it is that we do not all die of foreign body pneumonia from the inhalation of dust or impure air, or why it is that the nose and throat does not become so dry from the continual passage of air through them as to make the parts so dry and hard that life itself would become intolerable. At the outset we find that the inner or true nostril does not run up the face but directly backwards. The top of the mouth is the floor of the nose. The two external openings, consisting of infinite variations of shape and configuration, are again deceptive since there are three small scroll like bones in each nostril one above the other, leaving a canal or meatus beneath each of them through which the air passes. Hence there are in reality six opening or tubes in the nostrils instead of two as is generally supposed. The marvelous wisdom of Providence is illustrated by this arrangement. All the air has to be warmed, purified and supersaturated with moisture in order to fit it for contact with the delicate structure of the lungs and windpipe, and the presence of these bones and canals greatly increases the surface area so that the air may come in contact with the mucous membrane lining the canals, and absorb warmth and moisture from it. It has been estimated that one pint or sixteen ounces of fluid are excreted daily by the nose and throat in order to facilitate this purification. In The First Man as Dissected by Prof. Oliver Wendel Holmes, it is stated, Man is more than a machine but as a machine he is an ever present miracle. His heart is a timekeeper which counts the seconds for a century with but one winding up.

No telephone conveys a message so faithfully as the membrane of the tympanum transmits it to the listeners in the recesses of the labyrinth. No steam engine can work with so little fuel as the human organism. No dye house can reproduce the glow of a youthful cheek. No laboratory can manufacture a grain of albumen. No musical instrument can reach the human heart like a woman's voice. No lens can adapt itself to light like the

human eye.

The heart is more powerful than any machine that ever has been invented since it lifts its own weight seventy times a minute for seventy years or as much more as Almighty God gives us. There are three heart beats to every respiration, but the heart has but one function to perform whereas the nose has three. In addition to the delicate function of the respiration it is an organ of smell or olfaction and also a resonance cavity for the voice. The windpipe or vocal chords can only make a noise which is high or low pitched according as the chords are near or far apart. When we remember therefore the extraordinary individuality which characterizes every person's voice, we are amazed to find, that the tone is due alone to the size and shape of the nose and throat above and not to the windpipe. In other words, when a man is said to talk through his nose in reality he does not speak through his nose but on account of some obstruction to the respiration, the caliber of the nose and throat, is so changed that all the sweetness of the voice is lost and a disagreeable discordant nasal tone remains. We presuppose therefore that in health these organs are not only free from any abnormality or obstructive growth, but are developed to their highest capacity and of course this also necessitates a sound body and sound muscles. Now let us for a moment consider the nose as an organ of smell or olfaction. The floor and lower half of the nose is lined with ciliated epithelial scales. That is epithelia with fine hair like cilia which are kept in perpetual motion so that particles of dust or fluid which accumulate may be removed and blown out. The middle and upper half are lined with pavement or tesselated epithelia through which the ends of the olfactory nerves project, so that we must sniff up the air, in order that the odoriferous particles may come in contact with these nerves when we would detect any delicate perfumes. Were it not for the presence of these nerves, the taste of our food, and all the delicious perfumes of the sweet violets and the wild woods would be forbidden to us. If we should have a cold or any obstruction to the free ingress of air we should be deprived just in that proportion to some of the most delightful sensations which Almighty God has granted unto us. It has been truthfully said that the respiratory passages are the gateways of life. It is easy to see therefore how a person's whole life may be clouded and his physical and mental capacities limited when this function is interfered with, or not developed to the fullest extent.

For instance, the partition between the nostrils rest on a solid foundation of bone and it is held securely by bone above, therefore when an inflammatory condition is present, room must be had in order that the consequent swelling may take place. The partition is forced to bend upon itself forming a hollow or sulcus on one side and an elbow projecting into the opposite nostril upon the other. Herein lies the most frequent forms of obstruction to respiration and all its attendant reflex disturbances. Headaches, dimness of vision, mental hebetude and other "evils worse than from Pandoras box fly thick." The little bones, or "swell bodies," as they are called, are made up of large venous sinuses which become distended with blood when a person enters a cloud of dust or a cold draft and prevents the air from passing down into the lungs before it has been purified, warmed and moistened. When this partition has already become bent or deflected from injury or inflammation, a sharp spur or shelf of bone is formed which re-

sembles the fin of a fish more than anything else. The air being allowed to pass freely above and below it. Persons become so accustomed to it that it is only with difficulty that they can be convinced of its existence. The reflex irritability resulting from it, however, often culminates in a veritable brain-storm of sick headaches, general debility and physical malaise. The slightest exertion will relegate such a person to a dark room and complete silence for days at a time, until the great nervous system can regain her supremacy and nature arranges to care for the local irritation. Now let us see if we can describe some of the results of these obstructions to respiration, narrowed nostrils, etc. As one cannot live without breath we can use either one or both nostrils or in case of complete closure from any cause we may discard both of them and breathe through the mouth. Were it not for this beneficent arrangement a simple cold would in most cases prove fatal. Napoleon the great is said to have selected all his men with large roomy nostrils because, he argued, that they would have more physical endurance and could stand long marches and great physical fatigue better than those who had inferior breathing space. Negroes and Indians, especially the latter, rarely suffer from nasal obstruction because they live in the open and are taught from early youth to run. This has to be done with the mouth closed and therefore their nostrils are dilated and highly developed. For the same reason nasal obstruction is more frequently found in girls than in boys because their physical development is inferior to that of the boys.

Of course on account of the near proximity and close nervous relationship of the eyes to the nose, any disease affecting one of them to a greater or less degree will affect the other also. Thus, operations for the restoration of the normal nasal caliber almost always improves the vision. Near sight, or short sight, is often directly attributable to nasal obstruction. Indians who have far vision or eagle eyes rarely if ever suffer from astigmatism which is due to an irregularity in the curvature of the eyeball, and this again to muscular insufficiency, because their eyes have been trained to distinguish distant objects all their lives. A horse or other animal will readily be detected by such a person at a distance so great that it would only appear as a blur on the horizon to one not so trained. The application of glasses only helps out the weakened eye muscles but does not in any way strengthen them, and so likewise mouth breathing only helps out the obstructed nostrils but in no way relieves the condition which produces it. The hearing is so dependent upon the patentcy of the nostril that it might almost be termed a fourth function of the nose. Equable pressure of air on either side of the drum membrane can only be maintained when the nostrils are well open, and there is no obstruction to the free passage of the air. The little tube leading from the back of the nose to the ear must be inflated at all times and hence operations for the restoration of the normal nasal caliber are more effective in restoring the hearing than any other form of treatment.

Of course it cannot be expected that all physicians should be supplied with all the special appliances necessary to treat even the commonest diseases of the upper respiratory tract but every man who undertakes to practice medicine should at least be able to differentiate between the ordinary pathological conditions in the nose and throat. For instance, in addition to the above mentioned pathological deformities the commonest diseases affecting the nose

and throat may be said to be:

In the Nose: Acute and chronic rhinitis, hypertrophic and atrophic rhinitis, Syphilitic rhinitis, Hyperaesthesia or hay fever sinusitis and epistaxis. The benign tumors may be mentioned as polypi, papillomata, haematoma and abscess of the septum.

Those most commonly affecting the pharynx are adenoids, acute and chronic pharyngitis, atrophic and follicular pharyngitis, membranous pharyngitis and retro pharyngeal abscess. Acute and chronic tonsilitis and follicullar degeneration of the tonsils.

Those most commonly affecting the larynx are acute and chronic laryngitis, syphilitic and tubercular laryngitis, spastic aphonia or bilateral adductor, false paralysis of the larynx, true paralysis or adductor paralysis.

Every one of these diseases are easily diagnosed with the aid of a head mirror and a good light. For example, with the aid of a little cocaine and adrenalin chronic rhinitis may easily be diagnosed from the hypertrophied variety by the fact that the swelling and turgescence are not reduced in true hypertrophy. True catarrh is always easily detected by the presence of scabs and a purulent discharge and it may often be detected by the peculiar odor even before any physical examination is made. The wide capacious nostril and almost complete obliteration of the turbinates makes the atrophic variety unmistakable. The diagnosis of adenoids and pharyngeal diseases are so plain that he who runs may read and Sir Morell Mackenzie said he always diagnosed adenoids before he ever introduced his finger into the throat. Laryngeal diseases are slightly more difficult of detection because of the use of the laryngeal mirror, but any physician should be able to differentiate beween loss of voice due to nervousness or false paralysis, bilateral addductor paralysis and that due to a diseased throat and also to distinguish between a harsh barking cough like a dog from that due to disease in the throat or lungs. Tubercular and syphilitic laryngitis may be diagnosed with the aid of the microscope.

Now a word with regard to the conservative treatment of these diseases.

I have always made it a rule never to operate on a case where any acute inflammation was present. Nor do I ever operate for any cause until I am convinced the obstructive growth is directly responsible for the pathological symptoms. When one lies on the side the lower nostril becomes occluded frequently as a result of gravitation. The upper nostril remains open. In the majority of instances these cases require no operation at all. When the sense of congestion becomes noticeable and oppressive it is easy to determine which nostril is most subject to occlusion with the aid of a spray of cocaine or adrenalin. A simple application of monochloro or trichloro acetic acid will be sufficient to reduce this congestion and relieve all the unpleasant symptoms. For home treatment the patient is given an oil spray of menthol eucalyptol and fluid petroleum for its soothing effect. It is never advisable to order cocaine or adrenalin for use by the patient because the immediate constriction is often followed by a paresis of the blood vessels and an increased engorgement of the tissues. When the turbinates are not reduced by this treatment and a condition of hypertrophy is found, it may be reduced either with the aid of the electric cautery, the wire snare or the knife. A single linear incision with a flat electrode at cherry heat made in the center and parallel to the long ridge of the turbinate will bind down the engorged turbinate. When the turbinate becomes baggy and sacculated, as fre-

quently occurs in the middle and inferior turbinate, it will be necessary to remove at least a portion of the anterior ends with the wire snare, knife or scissors. In mild cases frequent perforations with a long narrow knife will cause minute areas of scar tissue sufficient to materially reduce the hypertrophy. The next most important condition to treat conservatively is sinusitis. In the acute state a simple hot inhalation with some essential oil will relieve it. Where a pus discharge has already been set up and a shadow is shown by the electric lamp in the mouth the diagnosis will be almost certain. An ordinary electric suction apparatus or one made with a T tube attached to a water faucet may be used to remove the pus and it also sets up a hyperaemia of the parts which is very agreeable to the patient. Of course in many instances surgical recourse must be had to remove diseased bone or to give free outlet to the pus whether it comes from the frontal ethmoidal or sphenoidal sinus.

It has been my habit always to adminster Pot Iod in gradually increasing doses in these cases.especially where there is a tendency to the coagulation of the nasal mucous or scab formation. By this means the fluidity of the nasal mucous is increased and the patient is enabled to keep the nostrils clean. By following these methods not only are the operative procedures generally greatly simplified but in many instances they are rendered unnecessary.

In follicular tonsilitis a narrow electrode should be passed down into the base of the tonsil or follicle and brought to a cherry red heat. By this means the lumen is destroyed and no receptacle remains for disease germs or for purulent accumulations to remain.

I have selected these landmarks of diagnosis and treatment in the diseases of the respiratory organs because the function of the respiration is the most vital function affecting the human organism and I do not think that any physician should be considered competent to practice medicine who has not somewhat more than a passing acquaintance with them.

While a member of the State Medical Examining Board no students were examined on these branches because laryngology and rhinology were not specifically mentioned among the branches upon which the applicants were expected to pass and I hesitated to require of them information which the law did not require them to possess. This is a most surprising fact, because although one might not be expected to have an intimate acquaintance with the genitourinary diseases or even with skin disease, a failure to master all that could be mastered in regard to organs of such importance as those of the respiration would or should spell failure to anyone aspiring to be a successful practitioner of medicine.

SOME PHASES OF MIDDLE EAR INFLAMMATIONS.*

By Dr. Leland O. Mauldin, Greenville, S. C.

Mr. Chairman and Gentlemen of the Fourth District Medical Association:

Middle ear inflammations may be evidenced by a great variety of symptoms grading from a slight dullness of hearing and earache to a combination of symptoms induced by meningeal and brain complications or due to the absorption of toxines produced by the germs that cause the inflammation.

It is therefore necessary in a short paper to write of only a few phases of such an important and comprehensive subject as "Middle Ear Inflamma-

*Read before the Fourth District Medical Association, Spartanburg, S. C., November 18, 1912.

tions," and in so doing it shall be my endeavor to deduce those that are most common and practicable—interesting alike to the general practitioner and to the specialist in otology.

The first phase of the subject I wish to deal with is a very common complaint and frequently a very difficult one to handle from a physician's standpoint. It is often spoken of as, "Ear Ache." What is earache? It is a symptom usually indicative of inflammation in the middle ear, eustachian tube or throat or frequently of all these parts and sometimes of the external auditory canal. As a symptom it is worthy of more than a passing consideration for it is a signal pointing to the activities of the microorganisms at work with such ceaseless energy in delicate tissue as to make a veritable storm center of pathological formation in such an important organ of the human body as the auditory apparatus. When we think of the possible pathological significance of this symptom, little do we wonder that the delicate nerve filaments revolt with the cry of pain; little also should we wonder at our unsuccessful efforts in many instances to alleviate this pain.

Coming now to a more direct consideration of earache as a symptom, I wish to incidentally mention that it is sometimes due to an auto-intoxication from imprudent eating and sometimes to a forcible inflation of the tympanic cavity without necessary inflammatory action, but it is most frequently due to inflammation, acute or chronic, in the middle ear or in tissue intimately connected with same.

The middle ear is well supplied with sensory nerves and nerve filaments which have an intimate communication with branches of the sympathetic, glosso-pharyngeal and fifth nerves, hence sometimes in middle ear inflammations we have not pain in the ear but pain reflected to different parts of the head, face and throat, and by pressure effect of serum, pus or swelling formed as a result of the inflammatory action we get more extensive complications involving the structures of the internal ear.

I shall not endeavor to give here, however, a text book classification of middle ear inflammations or to tell extensively of their pathology or to give examples of rare cases, but my prime reasons for a paper on this subject are to present a few facts that will be useful to us in preventing these inflammatory conditions in the ear and in arresting the development of disease conditions that start in early life and that result in later years in a partial or complete loss or hearing associated with baleful acoustic complications.

No so-called case of earache should be treated on its symptomatology alone. A careful study of the associated conditions of the throat and nose is eminently scientific, for it is usually in the mucous membranes of these structures that lie hidden the real cause of most of our acute and chronic middle ear abscesses.

Adenoid growths in the naso-pharynx furnish, of course, excellent breeding ground for microorganisms that infect the ear through the eustachian tube as well as an excellent obstruction of the eustachian tube to render unhealthy its mucous membrane thereby making more possible infection of said tube. In treating these middle ear diseases then it is highly important to render as near sterile as possible the mucous membrane of the nose and throat and to remove by operation obstacles such as adenoids and adhesions and by treatment swollen conditions any of which may block the eustachian tube and prevent a free drainage thereof. Then an effort to antiseptically treat the mucous membranes of the

nose and throat should be made by means of suitable douches, sprays or applications. Even when an acute stage of inflammation in the ear is on an antiseptic spray in the nose consisting of boric acid and menthol in an oil base has been effective in sterilizing the mouth of the eustachian tube and in reducing its swelling so that it can drain freely. Many are the instances in which I have relieved a painful incipient earache in children by such a simple measure as this. This step is certainly worthy of our procedure because it is combating the most frequent cause and at the same time relieving a distressing symptom.

When referring to a child's earache, partial deafness or inattention the expression is often made to us by the relatives, "It runs in the family, doctor." As physicians it is incumbent upon us to look deeper than the surface meaning of this expression and not accept it as a hereditary conclusion that nothing can be done. The very fact that such conditions are inherent in some families makes it more emphatic our duty to look more keenly into the reason why.

Frequently we find such conditions present if a naso-pharyngeal sterilization and slight operative procedures will correct and prevent a child from going through life handicapped by deafness.

These preventive measures I consider the most important phases of middle ear inflammation, especially from the standpoint of a conscientious doctor.

In the acute infectious diseases of childhood, especially scarlet fever, influenza and measles, a sterilization of the naso-pharynx by means of a good antiseptic spray will prevent the ear complications that happen too often as a complication or a sequela. We should not consider our treatment in these cases scientific and complete until we do use this preventive measure, for when the infection has invaded the delicate structure of the middle ear it has gone too far, if they have not been used, for us to say we have thrown around the patient every possible advantage.

In this short paper I have endeavored to present a few thoughts that if put into practice will save many children from deafness and from those grave complications of middle ear inflammation, viz: mastoid abscess, meningeal and brain complications.

I respectfully commend these thoughts to you with the mental assurance that while simple they are worthy of the careful rumination of all who follow in the trail of progressive medicine.

CONSERVATISM IN TREATING AFFECTIONS OF THE EAR, THROAT AND NOSE, INCLUDING THE ACCESSORY SINUSES.*

By Charles W. Kollock, M. D., Charleston, S. C.

Conservatism is not infrequently regarded as old fogyism, laziness, indifference and sometimes ignorance attempts to hide itself behind this term. It is too often apparent, also, that so called conservatives are timid, vacillating and lack the nerve to carry out their convictions, but in spite of all this there is a real and simon-pure conservatism which successfully opposes the radical and iconoclastic temperaments that some possess naturally and which others cultivate in order that they may become conspicuous in various ways. This true conservatism is a necessary factor for a well balanced mind and it is certainly of inestimable value to the physician. There are

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*Read before the South Carolina Medical Association, Columbia, S. C., April 18, 1912.

times in the life of every one when the mind is severely taxed, when not only a rock-bed of knowledge and a mine of experience are undeniable requisites, but cool judgment, which is the child of common sense, is essential. It will be impossible to consider singly in a paper of this kind all the affections of the ear, throat and nose and, therefore, only the most important and those most likely to interest a meeting of this kind will be mentioned.

In the ear the first and generally the affection which is the starting point of many others that culminate in deafness, chronic middle ear disease, mastoiditis, abscess of the brain, etc., is acute catarrhal inflammation of the middle ear. Conservative treatment, as usually understood, has no place here, but true conservatism as it should be practiced—that is for the preservation of hearing, health and life—is eminently the proper course and therefore, it is conservative to open and drain the middle ear cavity at the earliest possible moment, whether pus has formed or not, so that the inflammation may be subdued before any damage has been done to vital parts. Thousands and thousands of people are today deaf, as many are going through life, with a disgusting otorrhoea and as many are in their graves because the correct conservative treatment was not practiced in the beginning. The blame, in many instances, is due to the careless indifference of the persons themselves or those who have charge of them (for the the majority are or were children), while far too large a number have been due to a conservatism—ignorance, indifference or timidity—on the part of the physician. When the disease has become chronic in the middle ear conservative (in this instance non-operative) treatment should be given a fair trial for it frequently happens that cures can be made by the usual methods of treatment, if they are properly performed. These methods of treatment are tedious and usually long drawn out but in the end, when successful, fully repay both the patient and surgeon for the trouble. Only as a last resort should the radical operation, which includes the removal of the contents of the middle ear, curetting and closing the eustachian tube and converting the external auditory canal, the middle ear, with the attic and antrum, into one large chamber, be considered and advised. Even when this has been done the discharge may continue and relief is not always obtained. When the mastoid is involved it would appear that an operation is imperative but in acute cases this is not always so for much depends upon the condition of the ear and the patient. Should the surgeon be called to see such a case in the country, or where the services of a specialist cannot be readily obtained, it would undoubtedly be his duty to operate and put the patient in as safe a condition as possible, but when where it can be seen at any time—several times a day if necessary—not only the condition of the ear but the general conditions must decide the necessity of an operation. Usually a profuse discharge from the external canal, a bulging of the posterior wall of the canal, marked pain over the salient points of the mastoid, persistent temperature (especially if high) are conditions that call for an operation and yet all of these conditions have been present and the patient has made a perfect recovery without an operation. Again the conditions have almost been the opposite of those mentioned above—an operation was performed and the entire mastoid found involved—or such cases have suddenly become delirious, a rapid rise of temperature has taken place and they have

died from an abscess of the brain. Would it seem that non-operative conservatism has a place in the treatment of these cases? It has and undoubtedly many cases do and would recover without an operation. I am aware that I tread on dangerous ground when I advocate such a course but it is done with certain provisos that can be more readily explained by the narration of the brief history of a case quite recently treated by me.

A healthy young woman of slight physique had grip, or a severe cold. Pain in the ear was an early complication and the drum membrane was promptly incised to relieve the rapidly forming abscess. Profuse discharge followed but the temperature (not high) continued and the mastoid showed unmistakable signs of involvement, that is, there was overhanging of the posterior wall of the external canal, a constant pain over the mastoid, especially over the drum and at the tip. Several times I was on the point of operating but the discharge was very free, the opening in the membrane ample, the temperature not inclined to rise and the general condition of the patient good. I saw her twice a day and was ready to operate at any moment that it might seem necessary and strict orders were given that I should be summoned if any bad symptom appeared. This state of affairs continued several days when all symptoms began to subside and in another week she was practically well.

Among my first cases of this kind was one of double mastoiditis which was brought from the country and nearly stone deaf in both ears. At random I operated upon one ear while timid conversation convinced me that it was not necessary to operate upon the other. Both did equally well from the different standpoints, though the hearing never improved in either.

Another case had all the unfavorable symptoms that are cited in the worst cases in text books. There was a thick creamy discharge, a marked overhanging of the posterior wall of the external auditory canal, pain over the entire mastoid region, considerable temperature and swelling down the neck along the posterior border of the sterno-cleido-mastoid muscle. I staked my professional reputation that if an operation was not performed the patient would die. It was refused and she made a perfect recovery. I should add, however, for fear of misleading some, that I carried out the conservative treatment as thoroughly as could be done. The ear was syringed every hour or two with a 1 to 3000 solution of bichloride of mercury and the opening in the membrane was kept wide open. The woman had a fine physique which no doubt was a help, but I should never advise any one to treat a case of this kind in a conservative way if an operation could be had.

You must not think from the recital of these cases that I do not regard mastoid infection as serious as the books teach, or that I make up my mind at the beginning that an operation will not be necessary, for it is my custom to study each case carefully and to do what seems best for that particular case. The general practitioner, to whom I am always proud to lift my hat, because, taken all in all, he is the best man in the profession and especially if he is a country doctor and keeps up with the times as well as his practice, is called upon to treat these cases but is not always ready or willing to assume the responsibility of operating, nor are the services of a specialist always available. For him the conservative treatment, properly and thoroughly performed, is the safest course. It consists in making a free opening in the drum membrane for

unobstructed drainage, frequent cleansing (every one or two hours) with a 1 to 3000 solution of bichloride of mercury, the keeping of a gauze wick in the external canal to induce drainage and a proper regard for the general condition of the patient who should of course be kept quiet in bed. In doubtful cases, and especially in those of suspected brain involvement, a differential blood count may give valuable assistance in making a diagnosis.

In throat affections the most important for consideration, in this paper, are those of the tonsils, the presence of adenoids and the prevention of ear troubles. If it were possible to keep the throat healthy it is doubtful if there would ever be any disease of the middle ear. While this utopian condition can never be realized it would undoubtedly be the highest type of conservative treatment that would prevent the involvement of the eustachian tube when the throat is inflamed. This too is an impossibility, but when one is taking cold thorough and frequent cleansing of the nasal passages, throat and mouth will often lessen the severity of the cold and, perhaps, in some cases may abort it. With the aid of the instruments of Yankauer, E. M. Holmes and Hays, the entire pharynx and the mouths of the eustachian tubes can be thoroughly examined by direct vision and the conditions of these important parts plainly seen. By these aids it is possible to treat them more effectually than has heretofore been done. It is true that many affections of the throat are simply downward extensions of affections which had their beginnings in the nose and accessory sinuses and until the latter have been cured, or improved, but little can be done for the lower parts. Adenoids and diseased tonsils call for treatment at those points. Conservative treatment (non-operative) will have but little effect on adenoids or it will be so slow that the evil effects they cause are likely to increase while the attempt is being made to reduce them by applications, &c. Adenoids that at one time appear small and insignificant are at other times much enlarged and more capable of causing trouble. A cold or digestive derangement will cause them to increase in size so that it would seem the wisest course to remove growths that may produce deafness, mouth breathing and other well known ills before they begin.

Two years ago, at the meeting in Laurens, I presented a paper on the treatment of diseased tonsils in which was advocated the absolute removal of these glands *when diseased* and there seems to be no reason for changing that opinion now, but rather to urge it more strongly than before. Conservative treatment in such cases is certainly due to ignorance, indifference or timidity for there is no excuse for any one not to know the ill effects of diseased tonsils. Malignant growths in the throat had better be left alone unless they can be entirely removd.

Conservative treatment by the most approved methods is necessary for affections of the nose and for the proper performance of its functions are of vital importance to the comfort and health of the body.

The nose receives as much abuse and as little consideration as any organ of the body. It is always a dust collector, it is frequently a smoke stack, it receives all manner of blows in the gentle game of football and the manly art of boxing. it is obliged to take cognizance of all odors and it is the sluice way of the discharges from its own parts as well as from the accessory sinuses and, finally, is a common and favorite depository for beans, peas, beads and such things by the juvenile fraternity. Enlarged and hypertrophied conditions

of the turbinate bones are frequently due to diseased conditions of the antra, sinuses and ethmoid cells and as long as these exist no real improvement in the turbinates can be expected. The drainage of the sinuses seem poor at best but it does not appear that nature meant that it should be otherwise than slow so that the inside of the nose shall be kept damp without obstructing the lumen, as is the case when a catarrhal condition exists.

However the least obstruction caused by swelling of the mucous membrane is sufficient to block the outlets and cause the excretions to be retained. If this continues the excretions become decomposed and the outlets permanently dammed by the resulting hypertrophy of the parts. Proper treatment at this time greatly improves the conditions and undoubtedly but a very few of such cases would not be cured if taken early and treated properly. Unfortunately the physician is generally not consulted until every known quack remedy has been tried and the condition has become chronic. By this time the patient has either spent all of his money or has become disheartened by failure and when informed that the treatment must be faithfully continued through a prolonged period of time is more than apt to give up all efforts to be cured. To such cases the operative treatment offers the best chances and the temptation to remove a middle turbinate and to re-establish free drainage at once is great. Some of these cases, at least, could be greatly improved, if not entirely cured, by careful conservative means and the plea can not be too earnestly made that the turbinates should not be severely cauterized or removed until a fair attempt has been made to cure the affections that have been responsible for the conditions. Treatment of sinuses is difficult on account of their inaccessibility but there is no doubt that much can be done if the patient and surgeon are willing to take the trouble and time. Badly diseased sinuses require that the middle turbinate, at least, should be promptly removed and this is especially true in diseases of the sphenoidal sinuses which are in such close proximity to the optic nerves and brain. In such cases the most radical is the most conservative treatment. The frontal sinus can be probed through the fronto-nasal duct but when there is much enlargement of the middle turbinate this is not only difficult but often impossible.

Removal of the anterior portion or the entire bone permits better drainage and more thorough treatment of the sinus itself. Should it be necessary to open the sinus from the outside the Killian or some similar operation should be chosen in preference to the radical unless the conditions are such as to satisfy the operator that nothing short of the radical destruction of the sinus will suffice. In diseased antra the effort should first be made to treat the cavities through openings made beneath the inferior turbinate bones and in case this fails the anterior half of the bone must be removed and a permanent opening made in the antral wall. Displaced septa and septal spurs are responsible for much nasal trouble and discomfort and they can only be corrected by an operation of some kind. The submucous resection of the deviating portion of the septum seems to be the best means for correcting that abnormality while spurs may be removed in a like manner or sawed off, according to the size. In all of these operations upon the inside of the nose conservative treatment—that is, preservation of the parts—with due regard to the ultimate success of the treatment should be the aim of the operator There are many affections of the ear.

nose and throat that I have not mentioned but to do so would have made the paper too long and it seemed that those which have been mentioned were not only of more interest, but more commonly seen and treated by the general practitioner and specialist.

Discussion.

Dr. R. A. Gyles, Blackville:

A remark I would like to make on Dr. Kollock's excellent paper is to emphasize, more than anything else, the conservative treatment of these conditions—as Dr. Kollock has said—the mastoid condition. When that is involved, the apparent condition, externally, does not indicate the character of the ulcered organs. I can quote a few cases that I have had which, apparently, were in good fix. One from Aiken, which came to me, a man had a mastoid abscess. He had been treated, but was not improving. I advised operation. He declined and went home, and was dead in two days. He had practically a normal temperature when I saw him. On the other hand, a case of neglected mastoid abscess which I saw about a month ago: the patient came to me with pus oozing out of the mastoid process. I simply took a bone curette and cleaned it out. Had a normal temperature. There was considerable pain.

I desire simply to emphasize the point that the apparent condition does not always indicate the ultimate result of the case. A great number of cases of mastoid abscesses—mastoid involvement—a great many cases of nasal troubles, particularly spurs and turbinates, are today removed by a radical operation which is not indicated and not necessary.

I remove these things when I see that it is necessary. But small spurs, for instance, that do not affect drainage, I let them alone, although I have had them to leave and go to some one else who would remove a little spur that did not stick out more than 1-16th of an inch.

I just want to enter the plea for more conservative handling for eye, ear, nose and throat cases than we have had in the past.

My treatment of these cases is practically the same as Dr. Kollock's, and practically the same as everybody else's, I daresay, I mean in a conservative sense, and I would like to congratulate Dr. Kollock upon his excellent paper.

Dr. Jervey, Greenville:

Mr. Chairman, I listened to Dr. Kollock's paper with a great deal of pleasure, though I must confess that I was somewhat disappointed, following the announcement of the title. I had thought that Dr. Kollock was going to advocate what might possibly be called an ultra conservatism in the treatment of these particular diseases which he speaks of, and yet, instead of doing so, he has advocated exactly the same conservatism which, I think, with a few minor differences, I, myself, should have precisely indicated in the diseases which he has treated of in his paper.

In referring to the disease which he first speaks of—mastoid cases—there is much unnecessary surgery done on the mastoid process. It is a notorious fact that the proportion of mastoid diseases in this section and further south is not only notably less, but enormously less than the percentage of mastoid involvement in the more rigorous climates of the earth. If any one will take the statistics of the institutes of the north, where the seasons are so severe, and with the rapidity of climatic changes, and will compare these records with those of such institutions as the New Orleans Eye and Ear Hospital, or the Louisiana Charity Hospital, he will find the difference so marked in the percentage of cases that it almost seems that there is no mastoid involvement in the south at all. It has struck me as being peculiar that every here and there throughout the south we meet with men who, throughout the various associations, read papers on the large number of mastoid operations that they have performed during the last twelve months.

I do a reasonably large practice, I suppose, and I think I would be putting a large estimate on my mastoid operations if I said that I did five or six every year, and yet I can truthfully say that I have never seen, in my own practice, a case of mastoid disease that has terminated fatally or badly, and I have seen many of them get well under the conservative plan of treatment. I believe the majority of mastoid operations done in this section are done simply because the preventive measures which could and should have been undertaken, have been wholly neglected. Nearly all of us see these cases when attention to the middle ear, and drainage of the middle ear by incision of the drum membrane would result in alleviation of the conditions. Even when there is possibly pus in the antrum, frequently drainage of the middle ear will bring about relief.

I have, in the clinics of Vienna, seen numerous cases rolled up to the operating table and opened up, and the surgeons, most of whom were trying to speak English, for the edification of the American and English post-graduate students, would say, looking down into the cavity: "Ah! ah! one leetle drop of pus; you see it?" But I have seen dozens of them where I could not see a drop of pus. I believe the same thing is going on in many institutions in this country, where there are frequent clinics.

In regard to the tonsils: Dr. Kollock advocates nothing but the most radical

procedure. He knows, and I have stated it before, that I disagree with him when he says "If a tonsil seems diseased, it must be thoroughly enucleated." If any one is in a position to demonstrate any one particular tonsil and say, "This tonsil is diseased, through and through," I would be willing to agree with him and say that that tonsil should be enucleated, but every body knows that no one can examine a tonsil and say whether that tonsil is or is not thoroughly diseased. It is merely a question of deduction, which we arrive at from clinical experience. I believe that there are many conditions of the tonsils which are temporary conditions, and appear to be diseased tonsils when they are only temporarily involved and will be restored to their natural function when other diseased conditions are removed, and I have seen this demonstrated so frequently that where we have tonsils and enlarged adenoids in the same case—they are apt to go together—I have made it an almost fixed practice to remove the adenoids and leave the tonsils alone, temporarily, unless they are evidently and palpably diseased. If there is a simple hypertrophy, with no evidence of chronic, persistent inflammation, no matter how large these tonsils are, unless it is evident that serious embarrassment is going to be caused by extreme enlargement of the tonsils, I will leave them there, to see whether or not they will resume their normal size and position after nasal breathing has been reestablished. If they do, well and good; if they do not, I remove them, but I reserve my judgment in each individual case whether I shall do a tonsilotomy or a tonsillectomy.

Dr. C. L. Kibler, Columbia:

I enjoyed Dr. Kollock's paper very much, though I was a little disappointed in the treatment, and did not intend to criticise him for that, but since Dr. Jervey has said what he did, and I agree with him so thoroughly, I feel I would be a traitor to this branch of medicine if I did not say something along this line.

I took a special course in New York six years ago, and we had so many mastoid operations to do, sometimes two or three a day, that I thought I would have nothing but mastoid operations to do, but, as a matter of fact, we have comparatively few mastoid operations to be done in the south. We have acute mastoiditis and middle ear troubles, which can be treated successfully without an operation. We have to do these operations sometimes, to save life, but this trouble is mostly in children, and if, upon examination of these children, I find high temperature, pain, swelling and bulging of the ear drum, I make free incision of the drum-head; I do not always wait for those cases to get well before I operate for adenoids. I always remove the adenoids and tonsils because, as a rule, I find they are the principal cause of the trouble. After I remove the cause, then I try to do a little bit more than Dr. Kollock says, in the way of treatment, and that means much, as we all have cases which tax our patience, being so obstinate in their course. We treat them, and we treat them, and they do not seem to respond to treatment. When chronic cases come to the specialist, they expect the specialist to drop some medicine in their ear and in a week be well, but, as a matter of fact, we know they will not be cured. I wish, therefore, Dr. Kollock had been more specific in regard to treatment. The treatment I use in general, in supurating middle ear diseases, is thorough drainage and cleansing, have the ear drum opened well, make free incision, then cleanse the ear canal, also middle ear thoroughly.

A solution of bicarbonate of soda or boric acid or 1-5000 bichloride and followed with some mild astringent. If chronic condition, use one drop of alcohol once a day, or substitute enzymol, after cleansing. This is, to my mind, the very best thing to do. The point I wish to emphasize is this: make free incision early in the ear-drum and keep clean and have perfect drainage. With the cause removed and this treatment carried out, I believe we will not have to resort to a mastoid operation so often.

Some months ago I was called over long distance phone by an able physician, to prepare for a mastoid operation, a baby two years old. On arriving at the hospital I found patient in very bad way, temperature 104, partially paralyzed, no vision, deaf, pupils widely dilated, nastigmus, etc., with right ear involved. On examination I found a very small perforation of the ear-drum, and a little pus oozing from same. I made a free incision in the posterior quadrant of drum-head, immediately resulting in a very free discharge of pus from middle ear. Next, to relieve what seemed to me to be considerable tension of the brain, I immediately advised a lumbar puncture, which was done, drawing off much spinal fluid. Within an hour the temperature became normal, paralysis much improved. From that hour patient improved and left hospital at end of one week. This child had been very ill for two or three weeks before coming to the hospital, with all the symptoms, more or less, as stated above. I saw patient two months later in perfect physical condition.

I mention this case to show how much can be accomplished by conservative treatment and that we should not rush into a mastoid operation blindly. In this case I believe that a mastoid operation would have meant death.

Dr. Brailsford, Mullins:

I would like to know the opinion of some of you specialists on the theory that the tonsils are guardians of the system, by collecting germs and localizing them there, and thus preventing their dissemination through the system.

Dr. Kollock closes:

I am sorry that Drs. Moore and Jervey could not finish their discussion of my paper, for I am sure that they would have brought out points which would have made it more interesting.

Dr. Moore is disappointed because no conservative method of treating chronic middle ear affections was especially mentioned. It seems scarcely necessary to enumerate the many remedies for and methods of treating this disease as they are well known and there is nothing new. Its cure depends upon the perseverance and versatility of the surgeon and the endurance of the patient. Cleanliness and a discriminating employment of remedies suitable for improving abnormal conditions sums up the treatment. It may be added that when the attic is involved, which is frequently the case, that careful and thorough syringing of this part of the tympanum is of prime importance.

In regard to the mastoid, I am particularly anxious that my position shall not be misunderstood. I think that many cases of mastoiditis will and do recover without an operation, but they must have constant and careful supervision, for at times those which appear least serious are the most dangerous, while others, in which every grave symptom is present, recover without operative assistance. Septal spurs and deviations are, of course, frequent occurrences, but do not always cause trouble. Unless it is patent that they are interfering with breathing, causing asthma, rendering the patient more liable to colds, etc., it is better to leave them alone, for it is undoubtedly bad practice to interfere with nature's warming and purifying plant for the air that is so necessary for our health and happiness. Dr. Jervey ought to know, for we have discussed the subject, that I do not regard hypertrophied tonsils as necessarily diseased, nor do I advocate the removal of simple hypertrophied tonsils unless they interfere with breathing, hearing and the act of swallowing, but I do regard a tonsil that has crypts and follicles, full of bad smelling, cheesy matter and particles of decomposing food as diseased and unhesitatingly say that it should be entirely removed—that is, enucleated in any way that the operator may elect, so that it is thoroughly done. Adenoids, I think, should always be removed, whether large or small, for on account of their situation and tendency to increase in size, at times they must interfere with breathing and hearing.

Society Reports

Charleston County Medical Society.

The Medical Society of South Carolina (Charleston County) was called to order at their hall at 9 p. m. Nov. 1, 1912. Several important business matters were first taken up, then Dr. A. E. Baker read a paper containing observations at Crile's Clinic. He explained the methods of local anaesthesia in use and discussed some important points in the technic of Crile. Crile has demonstrated histologically certain changes in the cells of the brain due to shock. He prefers Nitrous Oxide as a general anaesthetic as he does not believe it as harmful to the brain as ether or chloroform. He uses silk as a ligature oftener than most surgeons.

Dr. T. P. Whaley discussed the paper referring especially to anaesthesia and bloodless surgery.

Dr. R. M. Pollitzer stated the views of Max Verworn as to the mechanism of anaesthesia.

Dr. Baker replied and amplified some previous statements.

Under Medical News:

Dr. H. P. Jackson reported a case of beri-beri. The patient had anasarca mitral and tricuspid leaks, dilated right heart and albumen and casts in urine. He was first given digitalis and then arsenic and the edema entirely disappeared. The only objection to the diagnosis is that he had not been out of town for several years and has never been in the jail.

Dr. G. F. Wilson reported a similar case that was paralyzed for several months but later completely recovered. This party had lived in Charleston and on Sullivan's Island, S. C. Dr. Wilson suggested that some so-called cases of beri-beri might be merely a multiple neuritis secondary to malaria. In this case the plasmodium was found.

Dr. Cornell thought that if the malaria were so severe it ought to be obvious to the physician.

Dr. E. H. Sparkman reported having operated for a typhoidal perforation with success. The patient recov-

ered from typhoid and went out. A few days later the fever returned accompanied by abdominal pain, shock and later tympanites. The abdomen having been opened, the perforation was found about 24 inches from the cecum. The opening was about the size of a dime and distinctly due to ulceration. In about ten days he began to recuperate and barring a temporary polyuria and cystitis he made an uneventful recovery.

Dr. T. P. Whaley rose to congratulate Dr. Sparkman upon his case. He stated that while he knew of many cases operated upon in this vicinity for typhoid perforation, yet this is the first on record to recover. Dr. Whaley asked for information as to the benzol treatment of lymphatic leukemia which he is at present using.

The Society then adjourned.

R. M. POLLITZER, M. D., Cor. Sec.

The Medical Society of South Carolina (Charleston County) held its scientific session Nov. 15, 1912.

Under Medical News, Dr. C. W. Kollock reported what he considered acute iritis in a lady of 65. Upon using atropine the tension of the ball was not increased but a hemorrhage into the anterior chamber occurred. This was due to the rupture of a vessel in the ciliary body. Later opthalmoscopic examination did not reveal any arteriosclerosis.

Dr. W. P. Porcher reiterated his belief that the student is not properly taught about the nose and throat and then cited several cases erroneously diagnosed as tuberculosis which in reality were suffering from nasal growths.

Dr. W. P. Cornell reported a case of typhoid in a baby of 11 months. Malaria, pus-kidney and otitis were first excluded and a positive Widal was obtained. He next stated that in the past few days he had seen four cases of scarlet fever. Then he asked whether in an infant with enlarged spleen and snuffles the condition might not be diagnosed as congenital syphilis if it is improved on gray powder. Dr. Porcher answered undoubtedly, yes.

Dr. J. C. Sosnowski reported an acute recrudescence in a chronic gonorrheal case. The patient became almost septic, whereupon he administered 4 injections of mixed gonococcic vaccine. After the first injection the temperature fell to normal and the patient rapidly improved. Dr. Sosnowski added some remarks as to the advisability of using the bacterins more frequently.

Dr. C. M. Boykin reported a case of apparent poisoning following the use of salvarsan intravenously.

Dr. D. L. Maguire reported the following: The patient, a man of about 45, was seized with general pain and some fever. He diagnosed grip. The following day he became swollen and painful. Later he had acid sweats and became delirious. The pulse ranged from 110 to 140. On going over the chest a few rales were heard. Dr. Maguire stated that he had made out on the death certificate that pneumonia was the cause of death but asked for an opinion. Dr. Jervey suggested that it was most likely sepsis from some hidden focus. Dr. Mustard and Dr. Ball wished to know why acute rheumatism was excluded. No definite decision was made.

Dr. Porcher reported as a rarity a case of leptothrix buccalis on the dorsum of the tongue. He removed the mass by means of the galvano-cautery.

There being no further business the Society adjourned.

R. M. POLLITZER, M. D.,
Corresponding Secretary.

From the Lay Press

For Public Health.

Florence Times.

The State Board of Health puts it very pointedly when they show that the great state of South Carolina is giving them a half cent for each man, woman and child in the state to guard them against the encroachment of disease, and to teach them how to take care of themselves. We get a great deal more than we pay for, but that is because there are some people fool enough to think enough of their stingy fellow creatures to do things for them and look for their reward in another world. Our state board has done wonders with the limited means that it has had, but we need a great deal more protection than we can get for a half a cent on each head. The Times commends the action of the Pee Dee Association as published yesterday, and we hope that we will have an economical legislature next year, one which can see how the spending of money judiciously is the saving of money in the end, and will have the strength to stand firm against cunningly devised plans to gain popular applause from the ignorant and unthinking at the expense of the state.

Death of Dr. H. J. Salley. Prominent Orangeburg Physician Passes Away.

News and Courier.

Salley, November 25.—Special: After a short illness Dr. H. J. Salley died here Saturday night at 9 o'clock as a result of cerebal hemorrhage. He was a graduate of the Georgia Medical College and had been practicing medicine here continuously for more than 25 years.

Dr. Salley was very prominently identified with the business and social interests of his community. He was former president of the Bank of Salley, a director in the Salley Oil Mill and a member of the board of trustees of the Salley Graded School and was one of the earliest promoters of the town in which he lived. He belonged to the State and Aiken County Medical Associations and was a member of the orders of Knights of Pythias and Woodmen of the World. He died in his 53d year. He married Miss Katrine Calley, of Salley, and she, with three children, Edwin A., Wilbur C. and Luriene, survive him. The burial service was conducted at the family cemetery Sunday afternoon, near Salley, and was witnessed by a large crowd of people who sent many beautiful floral offerings. Dr. Salley was exceedingly popular as a man and physician and his death is a great shock to the community.

Hookworm Work in Lexington. Nearly Two Thousand Applied for Treatment. Extent of Campaign.

News and Courier.

Lexington, November 25.—Special: The six weeks' campaign against hookworm disease in this county, which has been carried on by the State Board of Health, closed last week. Dr. L. A. Riser has been in charge of the work. The attendance at the dispensaries increased each week, and on the last day at Lexington the office was crowded all day with patients from all over the county and many from adjoining counties.

During the campaign there were 1,828 person who applied for treatment, and of this number 762 were treated for the disease. But few negroes applied for treatment, the number being less than twenty-five.

The percentage of school children treated was very high, especially in the rural schools, and the infection in many cases was found to be very severe. Re-

ports from all over the county tell of the marked improvement in practically all of the cases. It is estimated that the six weeks' work in this county alone will be worth thousands of dollars to the county. At first it was hard to convince the public of the vast importance of this work, but now applications come in to the State Board of Health from counties which have voted an appropriation without being asked to do so. It is customary for each county where the work is carried on to appropriate $50 to pay for the medicine and to show its endorsement of the work.

Dr. J. LaBruce Ward has charge of the hookworm work in this state. The latter part of December a convention will be held at Little Rock, Ark., which will be attended by all the men in thirteen southern states who are engaged in the work of eradicating the hookworm. Methods will be discussed for the betterment of the work and a more active crusade will be waged in South Carolina next year.

The counties of Spartanburg, Oconee, Laurens, Aiken, Pickens, and Lancaster are now being worked, and York having recently voted the appropriation will soon be in line. Clarendon, Hampton, Sumter, Georgetown, Richland, Florence, Dillon, Horry, Colleton, Orangeburg, Bamberg, Williamsburg, Beaufort, Marion, Marlboro, Chesterfield, Chester and Lexington have already been worked.

PLANS ARE MADE FOR HOSPITAL TO TREAT PELLAGRA PATIENTS AT SPARTANBURG BY PHYSICIANS AND MILL MEN. COTTON MILLS WILL BE TAXED ONE CENT PER SPINDLE, WHICH WILL NET MORE THAN $7,000.

The State.

Spartanburg, Nov. 27.—At a meeting of the Medical Society of Spartanburg county and mill presidents, held here today for the purpose of discussing the matter of erecting a hospital for the treatment of pellagra patients, a committee was appointed, consisting of mill presidents and local physicians, to canvass for funds and select a site for the institution. The cotton mills propose to levy a tax of one cent per spindle, which will net more than $7,000 to the hospital fund.

Dr. P. E. Garrison, of New York, member of the Thompson McFadden pellagra commission, who spent last summer in Spartanburg investigating pellagra, appeared before the meeting and pointed out the needs of a hospital for the treatment of pellagra. He said there were something like 400 pellagra cases in Spartanburg county. The commission expects to return to Spartanburg next summer to continue its investigation.

CAMPAIGN AGAINST HOOKWORM IN YORK.

Yorkville Enquirer.

Dr. L. A. Riser, of the State Board of Health, was in Yorkville yesterday seeing the local physicians and others preliminary to the inauguration of a campaign against the hookworm disease.

The county board of commissioners has assured the doctor that it will stand for $50 for the purchase of medicines, and the remaining expenses will be borne with funds furnished through the State Board of Health.

The hookworm campaign has been going on in this state for some time past; but most of the work has been done in the lower counties and only just now are the upper counties being reached.

Dr. Riser's plan contemplates the establishment of five dispensaries in the county. One will be located at Yorkville, one at Rock Hill, one at Fort Mill, one at Clover and the other at Hickory Grove or Sharon.

A physician of the state board will visit each of these places one day of each week, make free examinations and give medicines without cost.

The work will be commenced in this county about January 1, and Dr. Riser is anxious for the people to be well prepared for it beforehand, so they can give the physicians full co-operation in the location and treatment of the disease.

To Talk of Pellagra War. Important Meeting Will be Held in Spartanburg to Discuss Plans for Hospital.

The State.

Spartanburg, Nov. 25.—An important meeting of the mill presidents of the county, the members of the County Medical Society, the county commissioners and the county delegation will be held here Wednesday to consider with Dr. P. E. Garrison, U. S. N., a member of the Thompson-McFadden pellagra commission, the matter of establishing in this county a pellagra hospital or pellagra station.

Local Physicians have become interested in the matter and have interested the manufacturers in the effort to bring to this section an institution that will mean the presence of men of scientific attainments equipped to study pellagra and to aid this section in the study of other public health problems.

Ether in Surgery.

State, Nov. 27.

In the Anderson Daily Mail of November 25 is an editorial article about the discovery of the value of ether in surgery. The Daily Mail, alert and intelligent in protecting the history as well as in developing the material side of its section of South Carolina, tells of the discovery by the late Dr. Wilhite, of Anderson, and of its use by Dr. Long, of Georgia, under whom Dr. Wilhite was a student. The story is well known to the older practitioners of medicine and surgery in South Carolina. It was once the pleasure of the writer of this article to hear Dr. Wilhite himself, in response to calls from brother physicians at a dinner given to the State Medical Association, tell the story. As the Daily Mail says, credit for the discovery was later claimed and given to a northern man.

It ought to be a grateful task of the South Carolina Medical Association to collect and publish the available facts about the life of Dr. Wilhite and his discovery. Twenty years ago the genuineness of his claims was not doubted by his contemporaries and we suppose that they would not be questioned by the present generation, once it was made familiar with them. Surely the story is worth preserving and it should appeal strongly to the pride of the medical fraternity in the state.

House Physician at Fennell Infirmary.

Kershaw Era.

Dr. W. R. Blackmon, who recently graduated from the Medical College at Louisville, Ky., and had begun the practice of his profession in Kershaw, left last week for Rock Hill, where he has accepted a position as house physician at the Fennell Infirmary. This is an excellent recommendation for Dr. Blackmon, and while we regret to lose him as a citizen of Kershaw, we wish him every success in his new field of work.

Pee Dee Doctors Meet. Medical Association Carries Out Very Interesting and Instructive Program at Florence.

The State.

Florence, Nov. 28.—The Pee Dee Medical Association held its annual meeting here yesterday at the Hotel

Florence. There were about twenty-five doctors from the different counties of this section and several from Columbia, including Dr. J. A. Hayne and Dr. F. M. Durham. The programme as published in the State a few days ago was carried out as published except that Dr. Chas. M. Reese, of Charleston, was sick and not able to be here and read his paper.

Dr. Hayne spoke of the work and the plans for future work of the State Board of Health, and the Association passed a resolution after the address indorsing the plan and requesting the members to see their respective delegations and urge on them a better support for the State Board in its work. They are not asking for salaries, but for money to use in teaching the people how to guard against preventable diseases, in isolating tubercular patients and in fighting malaria, for the good of the people of the state.

At present the state gives the sum of one cent for each person in the state to the health board to work on, and of this $16,000 the sum of $4,000 goes for anti-toxin and $6,000 for vaccine virus, $2,000 for the supervisor of laboratories, and $400 for the janitor, which leaves very little to do the work of protecting the people. Yet few boards have accomplished as much as the South Carolina board despite its lack of funds.

BAKER-CRAIG SANATORIUM OPENS. THOUSANDS INSPECT SPLENDID NEW INSTITUTION. MAGNIFICENT PLANT CONSTRUCTED AT COST OF $100,000 IS SUPERBLY EQUIPPED. PERFECT SANITATION AND THE APPLICATION OF THE MOST MODERN IDEAS AS TO EVERY DETAIL OF CONSTRUCTION AND EQUIPMENT ARE SALIENT FEATURES.

News and Courier, Nov. 29.

The Baker-Craig Sanatorium, just completed and fully equipped for the work that it is to do in this community was formally opened yesterday, when dedicatory services were held in the building at 4 o'clock by the Rev. Alexander Sprunt, D. D., pastor of the First Presbyterian church, and the Rev. Howard Lee Jones, pastor of the Citadel Square Baptist church. The services were brief, but impressive. They were attended by a large and interested audience, the members of which afterwards spent an interesting hour inspecting the splendid new plant.

BAPTISTS FAVOR SANITARIUM. SHOWN BY VIVA VOCE VOTE AT STATE CONVENTION. SPIRITED DEBATE PRECEDES ACTION ON MOVEMENT TO ESTABLISH INSTITUTION UNDER CHARGE OF CONVENTION. REV. LOUIS J. BRISTOW PRIME MOVER IN WORK OF PHILANTHROPY.

News and Courier.

Abbeville, December 4.—Special: By an apparently large majority of a viva voce vote, the Baptist State Convention tonight committed the denomination to the establishment of a sanitarium under the care of the convention.

LECTURE ON PUBLIC HEALTH.

State Nov. 28.

"Diphtheria anti-toxin is the greatest victory next to vaccination against smallpox which science has won against disease," declared Dr. La Bruce Ward in his lecture on public health at the University of South Carolina yesterday. This anti-toxin against diphtheria was discovered by Behring about 18 years ago. By it the deaths from diphtheria have been reduced from 40 per cent to 10 per cent—a saving of 30 persons out of every 100 infected—a marvelous saving of life and productive energy.

"South Carolina spent last year about $10,000 in diphtheria anti-toxin for free distribution," said Dr. Ward.

"Did this pay? Not less than 160 lives were saved in this state by this free anti-toxin. This takes no account of those persons rendered immune by anti-toxin freely distributed, and assuming also only 25 per cent of the persons treated could not afford to pay for anti-toxin against diphtheria. Estimating the value of the average person to the commonwealth at $2,000, it is evident that the board of health, state and city, are an asset of the first water," he continued.

"George Washington fell before the scourge of diphtheria in 1799. The disease is an ancient one, spoken of in the books of Babylon. Just in our day has the weapon been found to combat it. The cause of diphtheria is a germ discovered in 1884. Infection is conveyed by direct contact and by articles of clothing, etc. Before the use of anti-toxin 50 out of every 100 persons with diphtheria died."

All the engineering students of the university attended the lecture by Dr. Ward. The aim of the course on public health is to raise up a body of men who will carry out the plans of the board of health in their various communitites.

Favors Looking After Health of School Children. York Grand Jury Recommends That Trustees Provide Medical Examination.

Evening Herald, Nov. 30.

The grand jury in its report to York circuit court had the following from its committee on schools:

Considering the schools, the most important that comes to our attention, we submit the following suggestions: We would suggest that the trustees of each rural school would provide for a physical examination of the children annually and physician's report on each child be submitted to their parents in writing.

Patients Doing Well.

Greenville News, Nov. 26.

Mr. Frank Knebel and Dr. W. M. Burnett, who were injured in an automobile smashup some time ago, are both doing well and will be able to leave the city hospital in a short time. Dr. Burnett is improving rapidly and has been able to move about a little during the past few days, but on account of broken bones, it will be a while longer before Mr. Knebel will be on his feet.

Doctors to Meet Tomorrow. Pee Dee Medical Association Will Hold Its Sessions in Florence. Program Arranged.

The State.

Florence Nov. 25.—The Pee Dee Medical Association is to meet in this city Wednesday and a large attendance is expected. The following is the program outlining the proposed work of the association:

Meeting called to order by the president, Dr. F. H. McLeod.

Address by Dr. Charles M. Rees, president South Carolina Medical Association, Charleston, subject, "Operable Tumors of the Female Breast."

Address by J. Adam Hayne, secretary State Board of Health, Columbia, subject, "The State Board of Health: What It is Doing and What It Proposes to Do."

Paper by Dr. F. M. Durham, Columbia, subject, "Painful Indigestion."

Appointment of nominating committee.

Adjournment at 1:30 p. m. for lunch.

Meeting called to order at 2:30 p. m.

Paper by Dr. F. H. McLeod, Florence, subject, "Urinary Acidity and Its Relation to Nephritis."

Paper by Dr. W. S. Lynch, Scranton, subject, "Our Relations to Each Other and the Medical Society."

Paper by Dr. A. M. Brailsford, Mullins, subject, "Iodine as a Germicidal

Agent in Surgical Cases."

Paper by Dr. Wm. Eggleston, Hartsville, subject, "The Hospital in Its Relation to the Patient and the Patient's Physician."

Paper by Dr. J. M. Smyser, Florence, subject, "Mouth Breathing: Its Evil Effects, Causes and Treatment."

Paper by Dr. Frank K. Rhodes, Florence, subject, "Blood as a Diagnostic Agent."

Report of cases of rupture of uterus by Dr. E. C. Major, Latta; Dr. J. W. Wilcox and Dr. J. T. Coggeshall, Darlington, and by Dr. S. L. Parnell and Dr. J. F. Watson, Lamar.

PELLAGRA STUDENT PROMOTED. R. M. GRIMM NOMINATED FOR PAST ASSISTANT SURGEON.

The State.

Washington, Dec. 3.—Assistant Surgeon R. M. Grimm, of the public health service, well known in South Carolina for his pellagra investigations, was today nominated to be past assistant surgeon.

"THEE" CROFT DOES WELL. WINS FIRST HONOR IN NEW YORK EXAMINATION.

The State.

Aiken, Dec. 3.—Dr. T. G. Creft, Jr., a son of Dr. T. G. Croft, who graduated last spring at the Medical College at Charleston, has distinguished himself in a competitive examination held last week in New York. The examination was held to secure physicians for service on the staff of the New York City Hospital.

Fifty young physicians, graduates of Yale, Harvard, Johns Hopkins and the College of Physicians and Surgeons, were applicants, some of these having had several years of practice, but this young Aiken physician won first honor and received the first appointment in consequence of his excellent standing. The examination was oral.

SALUDA DOCTORS MEET. PUBLIC HEALTH QUESTIONS LARGE PART OF DISCUSSION.

News and Courier.

Saluda, Dec. 3.—The regular annual meeting of the Saluda County Medical Association was held here today. The attendance was unusually large. Several physicians from other counties were present. Topics relative to public health were interestingly discussed. Resolutions endorsing medical inspection of school children were passed and the delegation from this county are urged to favor the pending bill to that end.

Dr. Waters, Dr. S. M. Pitts and Dr. P. M. Conner were appointed a committee on public policies and legislation.

The visiting physicians were guests of the local doctors at the Herlong Hotel, where a sumptuous repast was served.

The following were elected officers of the Association for the ensuing year: Dr. J. D. Waters, president; Dr. O. P. Wise, vice president; Dr. C. H. Blake, secretary-treasurer.

PROPOSE TO AID HOSPITAL. SPARTANBURG COUNTY COMMISSIONERS VOTE TO GIVE $5,000 FOR PELLAGRA SANITARIUM.

The State.

Spartanburg, Dec. 3.—The county commissioners in session today decided to appropriate $5,000 toward the erection in this city of a pellagra hospital provided the appropriation is authorized by special act of the legislature at the approaching session.

Current Medical Literature

(Abstracted From The Journal of Ophthalmology and Oto-Laryngology.)

Clinical Methods: The Eye.

P. I. Leonard (The Journal of the Missouri State Medical Association. October, 1912) says that it is an anomaly in the education, training or pursuit of specialism, to give insufficient attention to the mutual interdependence of the various organs and tissues of the body; on the other hand, it is unwise for the general practitioner to ignore entirely the methods of diagnosis in disease, as an examination of the eye may yield valuable indications of commencing organic disease. From a practical standpoint, we must be constantly on our guard unless we enter a hopeless rut. Herbert Spencer reminds us that human beings are at the mercy of their associated ideas, and it lies in our power to encourage particular associations and oppose the possible development of fixed ideas. Many of the errors which have been committed in medicine could have been avoided with a more logical method of reasoning.

We have learned by experience that we hardly ever deal with simple relationships; a great stumbling block to progress at the present time is the feeling that we know the cause and essential nature of pathologic conditions. There are few problems completely solved; Ducleaux says that science advances because it is never sure of anything.

Mankind has vigorously survived its peculiar notions about disease; first the theory of demons and then for the four humors, and now we have opsonins, tuberculin and Wasserman tests, and to practice medicine requires a laboratory and team work.

We make mistakes in diagnosis frequently because either undue or inefficient importance is given to some symptom or physical sign which is present.

Bramwell says there are bad mistakes, slight mistakes, mistakes of omissions and those of commission, mistakes due to incomplete, inaccurate, or erroneous observation, and mistakes due to hasty or illogical conclusions. There is a tendency to attach too much importance to some of the instrumental and other elaborate methods of diagnosis and to underestimate an all-around clinical experience and knowledge.

Notes From Some Continental Eye Cliniques.—The Fuchs' Klinik.

Ernest Thompson (The Ophthalmoscope, July, 1912.) says that the importance of the Vienna kliniks from the standpoint of systematic teaching of post graduates is so well known that it is not necessary to enlarge on that aspect.

Regarding the operative technique in cataract and glaucoma, the following practice is in vogue: (1) If there is no conjunctivitis, that is, if the conjunctiva and lacrmyal passages appear normal the result is not waited for. (2) If conjunctivitis is present, the organisms are investigated and treatment undertaken before the operation is performed. (3) If there is an affection of the tear passages the sac is removed and the puncta cauterized. The main operation is not performed at once. The organisms are given time to disappear from the conjunctiva. (5) A test bandage is strictly forbidden.

The Lagrange operation seems to be Fuchs' operation of choice in congestive glaucoma. In Vienna, glaucoma is a very common disease, and in the short time Thomson was there he saw

a number of Lagrange operations for relief of the congestive form. It is remarkable that in none of these did the patients seem to have any severe pain. All were operated under local anaesthesia. The author is under the impression that the good behavior of patients under local anaesthesia is largely due to the use of morphine or its allies. Unfortunately, this is a point about which he did not specifically enquire.

The preliminaries are the same as for cataract extraction. Usually no speculum is employed, the fingers of the assistant taking the place of it. Sometimes the Desmarres elevator is more convenient. The eyeball is fixed with double-pronged forceps, placed at the opposite end of the meridian corresponding to the point of entrance of the knife. The scleral and conjunctival flap having been simply turned down over the cornea, the anterior scleral lip is grasped in forceps and excised with one snip of a pair of strong de Wecker scissors. The iridectomy is then performed, the iris very carefully stroked into position, the conjunctival flap replaced and the upper lip lifted over it in the manner referred to under cataract. The unoperated eye is left uncovered and is treated with eserine.

In the hands of Fuchs the Lagrange operation occupies practically no longer time than a glaucoma iridectomy. It has been reduced to its simplest terms, although he fancies the technique is not exactly that of Lagrange himself.

In the treatment of trachoma there is one opinion in this klinik which stands out in front of everything, and that is that copper sulphate and silver nitrate have no real rivals as routine applications in trachoma. Various forms of treatment—and their name is legion—have been tried in the past. The latest was carbon dioxide snow. It was found when carbon dioxide snow and copper sulphate were employed one against the other in the right and left eyes of the same patient, that there was distinctly more scarring with the snow than with the copper. As time went on this became such a convincing fact that the snow was given up. The writer had the opportunity of seeing for himself a number of cases which had been so treated up to within the last few months, and there seemed no doubt of the facts.

In what the author has just said about the pre-eminence of copper sulphate he does not mean to include operative treatment. "Expression" is largely employed in this klinik, and is done in a most careful and systematic manner, which gives the patient no pain—at any rate during the operation. For trichiasis and for entropion, electrolysis and the Hotz operation are considered to be the best and simplest measures.

Concerning serum and vaccine therapy in eye diseases from a practical standpoint, they are held to be of no use. It is true that changes in a corneal ulcer may result from such treatment, but time is wasted in relying on it. Eyes have been lost through the withholding of the cautery, so that while we may, if we choose, use sera and vaccines in serpent ulcer, we must use the cautery first and foremost.

Tuberculin is much used. All the same it still remains with Fuchs a moot point whether it is of much real value. It is very difficult to say how much of any given good result is due to tuberculin. Again, it must not be forgotten that a patient may react to tuberculin, and yet the eye condition from which he suffers need not necessarily be tuberculous.

In essentials the method employed is that of v. Hippel. If there be no reaction in two days the initial dose is

doubled. If there is a reaction one waits two days after the reaction is over and then repeats the initial dose, and so on.

If the patient is not tending to react he is treated outdoor, coming up every two days or so for injection. If he is reacting easily he is treated indoors.

A Resume of the Present Operative Treatment of Trachoma, With a Description of the Author's Method of Grattage With Strips of Sterilized Sand Paper.

D. H. Coover (Ophthalmology, October, 1912) declares that the general conclusions to be reached by a study of the different methods of operating for trachoma are:

First: That the operative treatment yields better results in the majority of cases than the medical.

Second: That in view of this, and in the absence of any specific treatment that may come with the discovery of the cause of the disease, operative measures should be employed early before radical changes take place in the lid tissue.

Third: That few of the operations described can be employed in every case.

Fourth: That in any of the operations for trachoma, complete eversion of the lid so that the entire retro-tarsal region is thoroughly exposed, is absolutely necessary for the success of the operation.

The author claims the following advantages for his operation:

First: That it is applicable in all forms of the disease; even in the old cicatricial type it acts beautifully, smoothing down the rough and hypertrophied portions of the conjunctiva.

Second: There is very little reaction. In none of the cases on which he has operated by this method (which covers a period from 1906 to date) has there been a severe irritation or a single corneal complication following. Dr. Daniel W. White and Dr. George Phillips of the U. S. Indian Service report 1,200 cases among Indians operated upon by this method with good results. Dr. White says since he introduced sand paper for operative procedure in the Indian Service, the Indian does not have the annoyance he had when the forceps were used.

Third: By this method of grattage, the smaller granulations in process of development are removed, as well as the larger, and the long after-treatment with caustic applications is not necessary.

Convergent Strabismus in Children and Its Treatment.

Joseph L. McCool (Northwest Medicine, September, 1912) says that the recognition of the etiology of the vast majority of the cases of internal squint makes the treatment simple and rational. Since we are dealing with the errors of refraction, associated with a weak fusion faculty, we correct the former and train the latter. However, if we hope to succeed, the treatment must be instituted at an early age. It is a matter of record that comparatively little can be accomplished after seven years of age. Roughly, 70 per cent. may be permanently cured before that time, while we can hope for success in but 15 per cent. of the cases if the treatment be delayed.

In order to obtain an accurate measurement of the refractive error it is absolutely necessary to place the eyes under the influence of a reliable cycloplegic, and there is none better for this purpose than atropin. Furthermore, as these little ones are at an age when the usual subjective tests for determining the character and amount of this refraction error are useless, it becomes necessary for the surgeon to employ

objective methods, and unless he be reasonably expert in the use of the best of these, i. e., retinoscopy, he will be doomed to failure. No less an authority than Edward Jackson has said that unless the surgeon is capable of applying this method of estimating the refraction of the eye, he will find it extremely difficult to successfully handle these cases.

Who of us in our boyhood days has not known companions whose eyes were crossed, and who answered to the name of "Cockeye," whether he liked it or not? We can realize now, though we could not then, how delighted and pleased he must have been to answer to that name and to realize that there was something in his physical makeup which made him the object of ridicule. He has long since become reconciled to his physical defect, but he never knew nor ever will know the advantages and benefits of steroscopic vision: nor will he ever experience the manifold beauties of perspective.

In the treatment of convergent squint the goal of our endeavors is normal visual acuity in each eye and binocular single vision. Surely these are worth striving for.

Book Review

The Practical Medicine Series—Comprising ten volumes on the year's progress in Medicine and Surgery. Under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School and Charles L. Mix, A. M., M. D., Professor of Physical Diagnosis in the Northwestern University Medical School. Volume 7. Pediatrics edited by Isaac A. Abt, M. D., Professor of Pediatrics Northwestern Medical School, Attending Physician Michael Reese Hospital; with the collaboration of May Michael, M. D. Orthopedic Surgery edited by John Ridlon, A. M., M. D., Professor of Orthopedic Surgery, Rush Medical College, with the collaboration of Charles A. Parker, M. D. Series 1912. Chicago: The Year Book Publishers, 180 N. Dearborn Street.

It is peculiarly fitting, it occurs to us, that these two subjects should be treated in the same volume. Both subjects have been edited in a remarkably able manner. Almost the whole range of knowledge has been covered and a thorough survey of progress here presented. The newer ideas and developments in Infant Feeding have been discussed in a very satisfactory manner, as is the subject of Gastro-Intestinal Diseases.

The rapid advancement of Orthopedic Surgery all over the world has been described interestingly. All of this series should be in every doctor's library year in and year out. Price of this volume, $1.25 and of the series of 10 volumes $10.00.

* * *

Outlines of Physiology—By Edward Groves Jones, A. B., M. D., Professor of Surgery in Atlanta School of Medicine, Allen H. Bunce, A. B., M. D., Associate Professor of Physiology in the Atlanta School of Medicine. Third edition revised, 111 illustrations. Philadelphia: P. Blasiston's Son & Co., 1012 Walnut Street, 1912.

The busy practitioner should by all means keep in close touch with the whole subject of Physiology but how often does he do so? Many of the books by their very comprehensiveness forbid a careful reading. He takes only very rarely a journal devoted to the subject and hence the subject is often neglected.

The work under review is highly commendable for the purpose in view by the authors. It is concise and up-to-date. The authors are Southern men and we should encourage our Southern writers. The price is $1.50.

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